University of Alberta

Creating A Life Worth Living: A Grounded Theory Investigation of Attachment in Suicidal Adolescents' Process of Healing

by

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Abstract

Little is known about how to help adolescents overcome suicidal feelings. Although research has found that the quality of attachment during adolescence impacts psychological, social and emotional functioning, no studies have examined attachment in the healing process of suicidal adolescents. The role of attachment in resilience is also poorly understood. Ten young adults between the ages of 18 and 22 were interviewed about their experiences of overcoming suicidal thoughts and feelings as adolescents. Qualitative data was analyzed using the grounded theory approach. The objectives of this study were: (1) To explore the previously suicidal adolescents process of healing from an attachment perspective; (2) To examine how adolescents perceive attachment to foster their resiliency; and (3) To identify the implications of this research for the facilitation of healing from suicidality. Resilience occurred as a result of interactions between the five main themes identified: (1) Building secure attachments; (2) Opening up; (3) Achieving self-determinations; (4) Developing self-understanding; and (5) Creating a life worth living. The findings of this research suggest that the resilience process was intimately linked with the development of secure attachments. Secure attachment relationships provided participants with important sources of support, which encouraged interpersonal communication and the development of other close relationships. Furthermore, secure attachment prompted the development of positive self-perceptions, fostered feelings of hope and empowerment and encouraged participants to make positive life-changes which provided meaning and reasons for living.

Throughout the healing process participants grew and adapted in ways that led them to acquire coping skills and resilient qualities they previously were lacking. Participants attained a greater level of health and positive well being through their experiences of personal difficulty. Secure attachment allowed for positive adaptation despite adverse circumstances and contributed to the strength and resilience of participants.

Dedication

This dissertation is dedicated to my husband, Paul.
I am forever grateful for his continued love,
friendship and encouragement.

Acknowledgements

The completion of this dissertation would not have been possible without the involvement, guidance, and support of several individuals to whom I am very grateful. Most importantly, I would like to extend my sincere appreciation to my dissertation supervisor, Dr. Robin Everall, whose unwavering confidence in my abilities and commitment and enthusiasm for this research were immeasurable in the completion of this work. She will always be a valuable mentor and treasured friend.

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Chapter One

Introduction

Youth suicide is becoming an all too common phenomenon in our communities. There has been a growing recognition of the incidence of adolescent suicide and suicidal behavior and its detrimental impact on our society. Not only have Canadian adolescent suicide rates quadrupled in the past three decades, but suicide is now the second leading cause of death of young people aged 15-24 (Health Canada, 2006). Even more disturbing are the high rates of suicidal ideation and behavior occurring in today's youth. Recent statistics from the United States show that during a twelve-month period, 16.9% of adolescents seriously contemplate attempting suicide, 8.4% attempt suicide, and 2.3% make suicide attempts serious enough to require medical intervention (Center for Disease Control, 2006). Given that the experience of suicidal thoughts and behaviors is indicative of serious emotional difficulties and a significant risk factor for completed suicide (Brown, Beck, Steer, & Girsham, 2000), greater understanding of this prevalent public health problem is warranted.

Statistics show a sharp increase in suicidal behavior as children move into adolescence (Pelkonen & Marttunen, 2003). Adolescence characterizes a developmental transition period in which an individual's biological, psychological, and social characteristics are changing from child-like to adult-like. During this phase of life, adolescents strive for increased autonomy and face making difficult adjustments to changes in themselves, their families, their peer groups, and the expectations of society. Due to the potential for both internal and external conflict, adolescence can generate more turmoil for an individual than either childhood or adulthood (Resnick et al., 1997). In fact, longitudinal research has shown that as youth move through adolescence they experience a greater level of negative emotions and report a lower level of happiness than at other points during the lifespan (Larson, Moneta, Richards, & Wilson, 2002). Tragically, in dealing with difficult emotions and changing social interactions, a large number of adolescents turn to suicidal behavior as the way to deal with mounting despair.

Adolescents are particularly vulnerable to psychological distress and suicidal behavior because of the rapid cognitive, physical, and emotional development that occurs during the teen years (Arnett, 1992; Borst, Noam, & Bartok, 1991). In addition to these internal changes, adolescence is a time when individuals are confused about the nature of their relationships (Allen & Land, 1999). While adolescents often experience mixed feelings about maintaining nurturing relationships with parents and desiring independence and closeness with their peer group, their widening social radius does not occur at the expense of strong family relationships (Liddle & Schwartz, 2002). In fact, most healthy adolescents report feeling close to their parents and wishing to maintain close family ties (Ohannessian, Lerner, Lerner, & von Eye, 1998). However, difficulties can occur when adolescents decrease their reliance on familial and social support systems, as this increases their susceptibility to feelings of alienation, loneliness, personal distress, and emotional difficulties (Boergers, Spirito, & Donaldson, 1998).

Research has found that the quality of attachment in adolescence plays an important role in healthy psychological, social, and emotional functioning. Attachment during adolescence refers to an individual's confidence in support, protection, and emotional proximity (Bowlby, 1979). Attachment impacts a range of adaptive and maladaptive behaviors that influence an individual's social network, identity development, and psychological well-being (Carlson & Sroufe, 1995). Adolescent self-esteem, psychosocial competence, peer acceptance, psychological health, and school performance have been associated with attachment status (Allen, Moore, Kuperminc & Bell, 1998; Noom, Dekovic, & Meeus, 1999; Zimmerman, 2004).

Difficulties with attachment during adolescence have been associated with suicidality (Lessard & Moretti, 1998). Adolescents with a history of suicidality report parental unavailability (West, Spreng, Rose, & Adam, 1999), experience low levels of care and high levels of overprotection by mothers (Adam, Keller, West, Larose, & Goszer, 1994), have low security of attachment to parents, and describe growing up without an emotionally available family member (de Jong, 1992). On the other hand, the presence of social support, family cohesiveness, and close friendships have been shown to serve as protective factors against suicidality by fostering resilience and reducing the likelihood of suicidal thoughts and feelings (Fergusson, Beautrais, & Horwood, 2003; O'Donnell, Stueve, Wardlaw, & O'Donnell, 2003).

While the rates of suicide, suicide attempts, and suicidal ideation are high, most adolescents succeed in eventually overcoming their suicidal feelings. However, relatively little is known about how this process is accomplished. There has been limited focus on understanding how suicidal teenagers experience the healing process and the factors they find helpful, the knowledge of which would be useful for those working with this population. In fact, no research has examined the role of attachment in adolescents' experiences of overcoming being suicidal. An additional gap exists whereby the perceptions of previously suicidal teenagers' experiences of attachment and healing have not been considered. The investigation of attachment factors could serve as a means for improved understanding of the role of relationship factors in the process of overcoming suicidality.

Purpose of the Study

The purpose of this investigation is to examine how previously suicidal adolescents perceive the role of attachment relationships in the process of healing from suicidality. To address the deficiencies in the literature, a qualitative research design was employed with the intent of increasing our understanding of both the suicidal mind and the experiences of adolescents with a history of suicidal thoughts, feelings, and behaviors. The objectives of this study were to: (1) explore the previously suicidal adolescent's process of healing from an attachment perspective, (2) examine how adolescents perceive attachment to foster their resiliency, and (3) identify the implications of this research for prevention of suicide and facilitation of healing.

Significance

This research is important because of the potential to produce significant theoretical and practical contributions by increasing our understanding of the process of suicidality in adolescents and augmenting preventative measures and intervention strategies. Understanding the role of attachment in adolescent suicidality is vital to a more complete theoretical and clinical conceptualization of suicidal behavior. The development of a model through increased attention to attachment theory is useful in organizing what is known about suicidal behavior and may serve as a heuristic for advancement of the field in research and practice. By exploring the factors that previously suicidal adolescents attribute to their experience of overcoming suicidality, clinicians can better understand how to assist teenagers and facilitate their healing. The information derived will help guide treatment approaches and models for individual and family therapy with suicidal adolescents.

Methodological Framework

Despite decades of research into adolescent suicidal behavior, few studies have significantly increased our understanding of the phenomenon, (Rogers, 2001). In response, recent research methods in suicidology have moved beyond the traditional objective position to include a phenomenological approach that recognizes the importance, complexity, and depth of people's experiences.

In order to obtain a deeper understanding of adolescent suicidal behavior, a qualitative grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967) was chosen for this study. In this qualitative approach, data is inductively analyzed and a theory emerges from themes grounded in the data. Through an inductive examination of data, grounded theory aims to both describe and explain subject areas that may be difficult to access using traditional research methods. Grounded theory is well suited for reflecting the realities of individuals' experiences of healing from suicidality because the theory emerges from directly analyzing participants' experiences. By using this method, the objective was to create a theory that was intimately connected to the reality of those individuals who participated.

Definition of Terms

While differences in terminology exist, terms were used within the context of this thesis as follows.

Suicidality describes the cognitive or behavioral characteristics that result from suicidal ideation or behavior. **Suicidal ideation** involves any thoughts about self-harming behavior where the intention is death. These thoughts can range from vague ideas about possibly ending one's life to concrete plans to commit suicide. **Suicidal behavior** encompasses any self-harming behaviors with the intention of death that have fatal or non-fatal outcomes. The term **suicide** refers to an intentional act of self-injury that results in death while **attempted suicide** includes attempts at self-harm that have non-fatal consequences (van Heeringen, 2001). The term **healing from suicide** refers to engaging in the process of overcoming suicidality and is characterized by the individual progressing from suicidality to the creation of a life is worth living. The final outcome of the process of healing is that a previously suicidal individual no longer experiences suicidal thoughts, feelings, or behaviors.

Resilience is defined as a dynamic process of positive adaptation to significant stress, adversity, or risk. It includes: (1) exposure to a significant threat or severe adversity, and (2) the achievement of positive adaptation despite major assaults on the developmental process (Luthar, Cicchetti, & Becker, 2000). Resilience is an evolving process that develops across an individual's lifespan. Positive cycles of adaptation to adversity allow an individual to attain resilient reintegration, which refers to the acquisition of self-understanding and resilient qualities that allow the individual to cope with subsequent challenges more effectively (Richardson, 2002).

Attachment refers to the close emotional relationship between two people characterized by mutual affection and connection. The individual seeks security and comfort in the relationship, has a desire to maintain proximity or contact with another individual and feels distress at involuntary separation. A **secure attachment bond** is developed in response to nurturing, responsive, and dedicated care giving. Those who are securely attached appear sure that others are available, responsive, and helpful should they encounter adverse or frightening situations. An **insecure attachment bond** is developed in those who receive inconsistent care, are neglected or are otherwise maltreated. Those with insecure attachment are untrusting of others and have difficulty with relationships. They are uncomfortable with intimacy and interdependence and have concerns about feeling rejected and unloved (Collins, Cooper, Albino, & Allard, 2002).

Overview of the Thesis

The chapters of this thesis are organized as follows:

Chapter Two, **Literature Review**, presents a review of attachment theory with emphasis on the application of attachment theory to adolescence. Literature on resilience is presented with a focus on research in the area of adolescence as well as associations between attachment theory. A discussion of the literature on adolescent suicidality is also presented with a more detailed account of suicide and research into the area of attachment relationships.

Chapter Three, **Methodology**, is a description of the grounded theory approach and the rationale for its use. Procedures for sampling, selection of participants, data collection, data analysis, rigor, and ethical considerations are also discussed.

Chapter Four, **Introduction to Participants**, briefly summarizes the stories of each of the participants' experiences becoming and overcoming suicidal thoughts and behaviors.

Chapter Five, **Results**, presents the analysis of the data and the themes that emerged from the interviews. Excerpts from the interviews are incorporated to illustrate the themes involved.

Chapter Six, **Discussion**, reviews the Attachment-Resilience model that resulted from integration of the data and discusses its fit with existing literature in the area. Considerations for the study as well as implications for the treatment of suicidal adolescents and future research in the area are also presented.

Chapter Two

Literature Review

Attachment

Attachment Theory

Attachment theory is based on the premise that the quality of affectional bonding established between a child and caregiver in the early years of life profoundly affects psychosocial, emotional, and cognitive functioning throughout the lifespan (Bowlby, 1973). Initially drawing upon elements from evolutionary biology, developmental psychology, and control systems theory, Bowlby (1969, 1973) postulated that biological mechanisms set the foundation for the physical and emotional union of an infant and its caregiver, thereby allowing the infant to grow and safely develop during the most vulnerable years.

Bowlby (1969, 1973) proposed that infants are born with a repertoire of attachment behaviors, which serve to facilitate the process of seeking and maintaining proximity with supportive attachment figures. He views proximity seeking as an inborn affect regulation device designed to alleviate distress and protect an individual from physical and psychological threats. Bowlby believed that individuals who successfully accomplish these affect-regulation functions develop a sense of attachment security which allows for feelings of safety in the world, trust in protective others, and confidence to explore the environment and engage with other people.

According to Bowlby's conceptualization, children form an internal representation of themselves through relationships with their parents, which enables them to develop an internal sense of the world and gradually gain increased independence. Through infants' interactions with their greater environment, security of attachment extends beyond the infant-caregiver relationship, influencing psychosocial, emotional, and cognitive dimensions of the developing child. Bowlby (1969, 1973) theorized that early attachment relationships are internalized and serve as working models for relationships with others outside the family. Internal working models are unconscious filters through which relationships and social experiences are interpreted across the life span. Internalization enables infants to form connections between events and outcomes, which facilitates their understanding and prediction of future occurrences. Infants with caregivers who are responsive, attentive, consistent, and trustworthy are more likely to successfully adapt to their environment, learn to rely on themselves and others in future times of need, and experience emotional resilience. In contrast, those who experience caregivers as insensitive, inaccessible, or inconsistently rejecting are more likely to internalize negative beliefs and distrust the support of others, resulting in reduced involvement in attachment relationships and greater risk of maladaptive functioning. Once working models are developed, they are brought into new relationships where they shape social perceptions, emotional regulation, and interpersonal behavior. In this way, the sense of security derived from infant-caregiver attachment has significant long-term implications for later intimate relationships, internalized beliefs as well as the development of emotional and psychological well-being.

Ainsworth, Blehar, Waters and Wall (1978) developed the Strange Situation paradigm which classified individual differences in infant behavior in a structured series of separation and reunion experiences. On reunion following separation from their caregiver, infants with secure attachment sought pleasurable comforting and contact with their caregiver; infants with insecure avoidant attachment were indifferent to or ignored their caregiver; insecure ambivalent infants requested contact with their caregiver and resisted it when it was offered; and insecure disorganized infants did not possess a coherent strategy for responding to separation or reunion. Through repeated interactions with caregivers, experiences of care are encoded into the brain as expectations that organize emotional, motivational, and memory processes in relation to significant caregivers. These expectations develop into the child's model of attachment (Siegel, 1999).

The four main patterns of attachment organization have been associated with caregivers' behavior in the home. Secure attachment is created in an ongoing, reciprocal relationship between the infant and caregiver whereby the infant elicits a nurturing response from his or her caregivers by crying, smiling, or clinging, and parental responsiveness provides the care and proximity necessary to guide development and a sense of security. While secure attachment bonds are formed in response to the continued presence of an emotionally available and responsive caregiver, insecure attachment bonds have been found to result from unresponsive, interfering, rejecting or otherwise insensitive parenting (Main, 1995).

Secure infants have learned that all they must do to ensure protection is express their distress when confronted with a problem. In contrast, insecure avoidant infants have learned to suppress the expression of attachment behavior in order to maintain protection from caregivers who are uncomfortable with closeness. Insecure ambivalent infants learn to express distress when threats to their well-being are not obvious in order to maximize the chances that their inconsistent caregivers will be available when help is needed. In some cases, the care giving environment is so bizarre, threatening or frightening that infants cannot organize a coherent strategy for ensuring protective access to their caregivers. In these cases infants are given the classification of insecure disorganized (Cassidy & Mohr, 2001). Studies have indicated that parentally maltreated infants are more likely than others to exhibit a disorganized attachment pattern (Barnett, Ganiban, & Cicchetti, 1999; Carlson, 1998). Furthermore, child victims of sexual and physical abuse are more likely of displaying behaviors that resemble the features of disorganized attachment (Lyons-Ruth & Jacobvitz, 1999). Therefore, a child's early caregiving environment has important implications for guiding how individuals learn to express their distress and rely on others for care and support.

Studies have shown the organization of early attachment relationships to be associated with a variety of processes including emotional regulation, access to autobiographical memory, and the development of self-reflection and narrative (Main, 1995). Attachment relationships are thus crucial in organizing not only ongoing experience, but also the neuronal growth of the developing brain. These relationships have a direct effect on the development of cognitive functioning and serve to create the central foundation from which the mind develops (Siegel, 1999). Additionally, the attachment style learned by children in early interactions has a pervasive influence on the development of other relationships during the lifespan. Empirical evidence has also demonstrated that early attachment styles relate to a variety of important social factors, including social competence, friendship quality, and level of communication in close relationships (Thompson, 2000).

Attachment Across the Lifespan

Although the attachment system is most critical during the early years of life, Bowlby (1969/1982) believed that it is active across the entire lifespan and is evident in thoughts and behaviors related to support seeking. Associations have been made between infant attachment status and attachment status during childhood, adolescence, and adulthood. Many theorists believe that the type of attachment bond formed during infancy and childhood remains stable into adolescence and adulthood (Ainsworth, 1991; Grossman & Grossman, 1991). However, while attachment continuity from infancy to late adolescence and adulthood has been firmly established in some samples (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000), other studies have failed to find significant continuity over time (Lewis, Feiring, & Rosenthal, 2000; Weinfield, Sroufe, & Egeland, 2000).

Several different measures have been developed to define attachment statues and assess felt bonding during adolescence and adulthood. The widely used Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) measures three dimensions of the parent-adolescent relationship: trust, communication, and alienation. It examines adolescent relationships with mother, father, and peers across affective, cognitive, and behavioral domains. The Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) assesses care and overprotection. Twenty-five items examine affection, nurturance, emotional availability, control, and autonomy. The WHOTO Questionnaire (Hazan & Zeifman, 1994) is a 12-item scale that measures the attachment-related functions of "Proximity Seeking", "Safe Haven", "Secure Base", and "Separation Protest" in a specific relationship as well as an overall assessment of "Attachment to Partner." A fourth measure, the Adult Attachment Interview (AAI; Main, Kaplan, & Cassidy, 1985) uses 18 semi-structured interview questions to assess attachment memories in childhood. The coding of attachment quality is based on coherence and consistency of descriptions of attachment relationships. Adolescents and adults are usually differentiated into four major categories: secure-autonomous, insecure-dismissing, insecure-preoccupied, and insecure-unresolved/ disorganized.

In the past, suggestions advanced to account for why some studies have not found continuity of attachment have focused on the use of alternative methodologies to assess attachment classification across various studies. However, researchers have recently proposed that the discrepant findings may be a result of genuine transformations in the security of internal working models across development. For example, due to the nature of the developmental tasks of adolescence, there may be a period of reworking of internal working models during adolescence (Weinfield et al., 2000). The achievement of autonomy from caregivers could allow adolescents, particularly those experiencing negative attachment-related events during childhood, the opportunity to evaluate and transform internal working models of attachment (Weinfield, Whaley, & Egeland, 2004). Similarly, studies have consistently shown that negative attachment-relevant life-events (including illness or death of a child or caregiver, parental divorce, and maltreatment) are associated with changes from security to insecurity in studies examining continuity of attachment between infancy and adolescence (Hamilton, 2000; Waters et al., 2000). Additionally, research examining correlates of change have found that maternal depression, maternal life stress, poverty, child maltreatment, adolescent depression, and changes in family interaction quality have all been linked with changes in attachment styles across development (Allen, McElhaney, Kuperminc, & Jodl, 2004; Weinfield, et al., 2000; Weinfield et al., 2004).

Adolescents have a global internal working model of themselves in relationships with others that guides their expectations about behaviors in new situations in order to maximize felt-security and minimize distress. Although these models are somewhat stable, they can be altered as a result of experience. Allen and associates (2004) used the Adult Attachment Interview to assess the attachment security of adolescents over a two-year period between ages 16 and 18. They found that while attachment security displayed a moderate to high degree of continuity there were predictable changes in security that occurred over time. Declines in attachment security were predicted by adolescents' enmeshed, overpersonalizing behavior with others, depressive symptoms, and poverty status. They concluded that although security may increase for non-stressed teenagers, stressors that overwhelm the capacity for affect regulation could lead to declines in security over time.

As adolescents mature, they gain autonomy, perspective-taking skills, and new relationship experiences, which provide opportunities to reconceptualize past attachment experiences. In the absence of major stresses, increased maturity and positive new relationships can produce a gradual increase in attachment security. On the other hand, significant stresses can lead to increased insecurity. Threats to autonomy, relatedness, and sense of competence can present significant challenges to the affect regulation system (Allen & Land, 1999). Specific relationships that are supportive and secure can help to buffer the effect of chronic negative stressors.

Traditionally, attachment researchers have conceptualized working models in a trait-like fashion, assuming attachment to be stable over time and consistent across a wide array of relationship contexts (e.g. parents, friends, romantic partners). Recently, however, scholars have begun to question the trait-like quality of working models and instead treat attachment as relationship specific (Aspendorpf & Wilpers, 2000; Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996; Collins, 1996). The trait-approach has been criticized on at least two grounds. First, research has found considerable within-person variability for the beliefs an individual possess about significant others. For example, Baldwin and associates (1996) found that when adolescents were asked to decide which of three attachment styles best describe their ten most important relationships, 88% chose two different styles and 47% of the sample selected all three styles. Second, researchers have determined that test-retest stability of attachment patterns is low, even when assessed over relatively short time periods (Baldwin & Fehr, 1995).

There now exists a general consensus that: (1) people hold multiple attachments toward a multitude of specific relationship partners, and (2) representations of these attachments are cognitively organized within a hierarchical structure (Collins, 1996; Fraley, 2007; Overall, Fletcher & Friesen, 2003; Sibley & Overall, 2008). Different types of relationships fulfill different attachment needs and therefore are linked to different attachment concerns and expectations. Individuals possess multiple working models that correspond to attachments within relationships with specific people, along with more general representations summarizing regularities in attachment orientation across domains (Sibley & Overall, 2007). Working models across relationships are highly interrelated and support Bowlby's theorization of a global working model. The hierarchical model that has been proposed (see Figure 1.) has been supported by researchers conducting confirmatory factor analysis (Overall at al., 2003) and hierarchical linear modeling (Sibley & Overall, 2008).

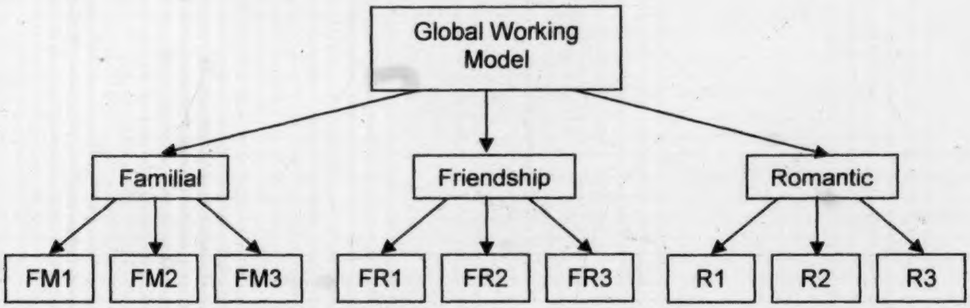

Figure 1: Hierarchical Model of Attachment Representations

Bowlby (1969/1982) specified qualities a relationship partner should have and the functions this person should serve in order to be considered an attachment figure. First, attachment figures are targets of proximity seeking, where the individual seeks to be physically close to attachment figure, resists separation, and is distressed upon being separated. Second, attachment figures provide a physical and emotional safe haven which facilitates the individual seeking out the attachment figure for comfort, support, and reassurance when frightened, threatened or distressed. Third, attachment figures provide a secure base from which individuals can explore and learn about the world and develop their own abilities (Mikulincer, Shaver & Pereg, 2003). The qualities are relationship-specific and individuals can rely on a number of different attachment figures to meet these needs to various extents.

Researchers have stressed the importance of different attachment figures satisfying the individual's emerging social needs at different stages of development (Markiewicz, Lawford, Doyle, & Haggart, 2006). While parents are key figures who provide security and companionship during infancy and pre-school, peers become increasingly important during the school years and replace parents as major sources of companionship and acceptance. During adolescence, close friendships provide opportunities for self-disclosure and validation. In late adolescence and throughout adulthood, intimacy, and sexual needs become more important and are satisfied through romantic partnerships. Therefore, the attachment model or style developed in infancy is unlikely to adequately capture the adolescent's social reality (Pierce & Lydon, 2001). As individuals develop across the lifespan, it is highly adaptive for changes to take place in the relative importance of attachment figures.

Attachment in Adolescence

While attachment theory has traditionally focused on the affectional bond between infants and caregivers, the importance of attachment across the lifespan has been recognized (Lewis et al., 2000). Increasingly, researchers have extended attachment theory into adolescence and adulthood (Rothbard & Shaver, 1994). Attachment during adolescence refers to an individual's confidence in the availability of support, protection, and emotional proximity (Biringen, 1994). Secure adolescent attachment is associated with trusting, warm, and emotionally supportive relationships (Siegel, 1999). Insecure attachment in adolescence is strongly related to lack of care, distance, and ambivalence (Maio, Fincham, & Lycett, 2000).

Adolescence is a transitional period that involves broadening the scope of significant relationships. During adolescence, attachment strategies become increasingly representational and are transferred to relationships with peers who become increasingly important sources of support, intimacy, feedback, social influence, and lifelong partnerships (Allen & Land, 1999). As teenagers enter into new relationships, their histories of interpersonal experiences, beliefs, and expectations provide the framework for interactions with others and guide the construction of their social worlds. In this way, prior connections to parents pattern the individual's ability to form successful and supportive interpersonal relationships (Bowlby, 1979).

As adolescents struggle for increased autonomy and engage in the independent exploration necessary for healthy social development, they become less dependent on their relationships with parents. However, although parents become less involved directly in their lives, attachments to parents persist and are continually relied upon as important sources of comfort and support in times of distress (Allen & Land, 1999). This is also true of parent surrogates, such as grandparents, teachers, coaches, or older siblings, who often play an important role in the lives of teenagers and can provide additional support for those whose parents fail to do so (Cretzmeyer, 2003). Those individuals continually provided with a secure base during this time of transition are best able to explore the world and gain social competence and stability in adult relationships.

Secure adolescents, who have internalized a positive model of themselves and others, have the trust in themselves to balance closeness and autonomy in their relationships with their parents (Allen & Land, 1999). In contrast, dismissing adolescents may have difficulty with this developmental task because they have learned to distance themselves from close relationships and be self-reliant. Finally, preoccupied adolescents, who tend to express heightened emotionality and neediness, may be able to develop some intimacy in their peer relationships but at the expense of seperateness (Scharf, Mayseless, & Kivenson-Baron, 2004). Attachment security has been associated with the capacity to balance autonomy and relatedness in relationships with parents indicating the importance of attachment during this developmental transition (Allen, Hauser, Bell, & O'Connor, 1994).

Research has shown that the successful development of an autonomous self is best established in an environment of secure attachment relationships with parents, and adolescent autonomy-seeking behavior is highly correlated with evidence of an underlying positive relationship with parents (Allen & Hauser, 1996; Allen et al., 1994). Studies have found that adolescents with secure attachment relationships have fewer interpersonal difficulties in comparison to those who are insecurely attached. For example, cohesive family relationships, active family coping strategies, and productive family problem solving discussions have been associated with secure attachment during adolescence (Harvey & Byrd, 2000).

An important developmental task which occurs during the adolescent years is the process of individuation, which includes some degree of self-definition. Adolescents in Western cultures are expected to demonstrate an increased capacity to rely on themselves and make independent decisions that they follow through in a competent and mature manner (Arnett, 2001). Grossman, Grossman and Zimmerman (1999) theorized that autonomous adolescents have internalized resilient and positive self-perceptions that enable them to better explore on their own and gain independence. In contrast, preoccupied adolescents may have difficulty with this developmental task due to their view that excessive closeness comes at the expense of autonomy. Surprisingly, these researchers suggested that dismissing adolescents may demonstrate the greatest competence in this area because they have internalized a self-sufficient stance early on in development. Little research has examined associations between individuation and attachment. One study conducted by Scharf and associates (2004) failed to find any connections between attachment state of mind and individuation but did conclude that autonomous individuals made better use of challenging circumstances to develop their personal strengths.

Identity formation is another major developmental task of adolescence (Kroger, 2000). Marcia (1988) proposed that a secure attachment would promote the development of ego-identity status achievement because it provides adolescents with the background in which to freely explore the environment and grants a secure base to discuss experiences and attitudes in the family. In contrast, insecure adolescents are expected to explore less and have difficulty with ego-identity status achievement. Zimmerman and Becker-Stoll (2002) administered the Adult Attachment Interview to 16 year olds and again two years later. They found significant associations between ego-identity status and attachment representation. Security of attachment status was related to identity status achievement whereas dismissing attachment representation was associated with identity diffusion. Similar results were reported by Reich and Siegel (2002) who also found that high ego-identity development was associated with attachment security.

Adolescence is a period of important emotional development. Adolescents experience a greater range and intensity of emotions than at any previous point in the lifespan. The successful regulation of these emotions is another important developmental task during this time period (Diamond & Aspinwall, 2003). Attachment serves as a behavioral safety-regulation system that, if activated by negative emotional arousal, leads an adolescent to seek or maintain proximity to supportive individuals who are able to help cope with the situation. The main goal of attachment behavior is the re-establishment of psychological security, which occurs either through communication of negative emotions or proximity seeking (Zimmerman, Maier, Winter, & Gossmann, 2001). Securely attached adolescents are able to acknowledge and then cope effectively with negative emotions, avoidant individuals try not to acknowledge emotions and consequently may act emotionally without full knowledge of the reason, and anxious individuals are highly emotionally expressive but often cannot regulate their emotions or emotionally driven behavior effectively in line with personal interests or social norms (Cooper, Shaver, & Collins, 1998). Additionally, an adolescent's level of emotional development including their ability to successfully regulate emotions and express emotions to others can positively or negatively impact attachment relationships. The act of an adolescent seeking out a supportive individual in a time of distress and relying on that individual for emotional support serves to strengthen the security of attachment bonding by intensifying the adolescent's feelings of closeness, care, and sensitivity in the relationship. On the other hand, when adolescents avoid proximity seeking, they act to alienate themselves from others and amplify negative emotions such as loneliness and inadequacy (Mikulincer & Shaver, 2005). In this way, there are reciprocal interactions between attachment security and emotional development that have important implications for successful adolescent development.

Attachment and Interpersonal Functioning

An important part of adolescence is the formation of close, trusting, mutual friendships. Adolescence is characterized by a dramatic decrease in the amount of time that individuals spend with their parents relative to peers. Between late childhood and mid-adolescence, time spent with the family decreases from 35% to 14% of waking hours (Larson, Moneta, Richards, Holmbeck, & Duckett, 1996). By the time they reach the twelfth grade, most adolescents spend more time with peers than parents and increasingly rely on their peers for intimacy, support, and connection.

During adolescence peers become an increasingly important source of support and loyalty, and faithfulness in friendship becomes critical (Allen & Land, 1999). The experience of positive friendships serves an important developmental function as they allow for adolescents to develop social competence and experience reciprocal intimacy. The formation of friendships also becomes a significant component in adolescents' quest for autonomy, as it is a domain over which adolescents perceive that they, not their parents, have control over (Mounts, 2001).

While the attachment process often appears to follow a predictable pattern for all adolescents, those with secure attachment relationships seem to have fewer interpersonal difficulties in comparison to insecurely attached peers (Allen & Land, 1999). Research findings support associations between early attachment security to parents and quality of later peer relationships. Among adolescents, security of attachment to parents, as assessed using the Adult Attachment Interview, has been found to predict affective relationships with friends and the capacity for romantic intimacy (Mayseless & Scharf, 2007). Similarly a recent meta-analysis of 53 studies assessing both parental attachment and peer relationships during adolescence found associations between parental attachment and peer relationships as well as social competence (Benson, McWey, & Ross, 2006). The overall effect size between parental attachment and adolescent peer relationship variables was approximately ½ SD (d=.54) and was found to be remarkably stable despite variations in study characteristics.

Security of attachment to parents during adolescence may provide the reassurance and confidence necessary for individuals to negotiate the interpersonal tasks of initiating and maintaining healthy peer relationships. Studies have found that positive parent-teen relationships, including acceptance, attachment, and involvement, are directly related to positive aspects of peer relationships including closeness, connectedness, and acceptance (Dekovic & Meeus, 1997). In comparison to insecurely attached peers, adolescents with secure attachment have been found to report more emotionally close friendships, integration into larger peer groups, and score lower on social anxiety and hostility (Zimmerman, 2004). In addition, social acceptance by peers and higher-quality peer relationships have been positively related to adolescent attachment security (Allen et al., 1998).

The quality of attachment orientation towards friends and significant others has been suggested to play a role in adaptive functioning. Researchers have proposed that internal working models of close friendships may be more important to study than parental relationships because of the vital function friendships serve in adolescent development (Trinke & Bartholomew, 1997). Nickerson and Nagle (2005) found that views of attachment to parents and peers predicted the selections of peers to fulfill attachment functions. In their study, participants who had less secure relationships with parents were more likely to turn to peers for proximity seeking, safe haven, and secure base functions. These researchers concluded that those with less secure parental attachments could compensate for this by seeking out close relationships with more trusted peers. In this way, peer relationships are especially important to those adolescents with poor parent-teen relationships.

Associations exist between attachment to peers and adaptive functioning (Allen & Land, 1999). For example, secure internal models of close friendships have been found to relate to health and well-being during adolescence (Nickerson & Nagle, 2004). Adolescents reporting secure attachment to friends have also been shown to have better support systems (Priel & Shamai, 1995), higher self-esteem (Paterson, Pryor, & Field, 1995), and fewer problem behaviors (Cooper et al., 1998) than those reporting insecure attachment. For example, Miller, Notaro, & Zimmerman (2002) found that among a group of low-achieving African American adolescents' security of attachment to peers was related to higher levels of psychological well-being (Wilks' Lambda $=.92$, $F(6,1048) = 7.32$, $p<.01$) as measured by lower levels of depression symptoms, anxiety symptoms and stress.

Research has found that intimacy is an integral component of same-sex friendships during adolescence (Collins & Repinski, 1994). Intimate friendships include trust, self-disclosure, and concern as well as the spending pleasurable time together, feelings of being understood, love, and validation (Collins & Sroufe, 1999). By allowing adolescents to gain comfort and intimacy with close friendships, they serve the additional purpose of providing the foundation for later romantic relationships. Just as the attachment to parents is transferred to relationships with peers in late-childhood and early adolescence, the period of late adolescence is characterized by increased reliance of romantic partners as attachment figures (Furman & Wehner, 1997).

Establishing a close and intimate bond with a romantic partner is one of the most important developmental tasks of late adolescence and early adulthood and an important predictor of life satisfaction and emotional well-being (Collins et al., 2002). Moreover, romantic partnerships provide the context in which issues of sexuality and intimacy can be addressed. Those individuals able to establish positive romantic relationships become aware of the rewarding features of romantic relationships, which extend beyond sex and love to include emotional intimacy, the sharing of thoughts and feelings, and the caring for another individual. Research in the area of adolescents' romantic relationships has shown that secure attachment representations in these relationships is related to positive self-esteem and an enhanced self-image (Murray, Holmes, & Griffin, 2000). Similarly, secure attachment styles in romantic relationships and felt self-determination in relationships have both been positively associated with psychological health and well-being (Leak, Creighton, & Omaha, 2001). On the other hand, those who fail to establish and maintain romantic relationships may experience feelings of low self-worth, which may lead to withdrawal and depression (Furman & Wehner, 1997).

Research has demonstrated associations between early attachment styles and later competence in romantic relationships. For example, Simpson, Collins, Tran and Haydon (2007) conducted a longitudinal study which assessed attachment security at 12 months of age and evaluated social competence during elementary school, adolescence and again at age 20-23. This study found that those infants classified as securely attached were rated as more socially competent during early elementary school by their teachers, that social competence in turn predicted security of relationships with close friends at age 16, and that those with secure relationships during adolescence experienced more positive emotional experiences in their early adult romantic relationships.

These researchers concluded that the experience and expression of emotion in early adult romantic relationships was meaningfully linked to attachment-relevant experiences earlier in social development.

To gain greater understanding of the impact of attachment style on romantic relationships, investigators have also begun to study associations between attachment and the impact of relationship dissolution. In a study which used the Inventory of Parental and Peer Attachment to measure parental and peer attachment among college students, attachment was found to predict adjustment following a relationships breakup (Moller, Fauladi, McCarthy, & Hatch, 2003). Davis, Shaver & Vernon (2003) examined the relationship between attachment to partner and emotional distress in response to relationship dissolution. These researchers postulated that an individual's attachment system becomes activated as a reaction to the dissolution of a relationship and that attachment style governs characteristic differences that occur in the affect regulation strategies employed in response to relationship breakups. The three strategies described included: (1) open, empathic communication and negotiation of one's needs and desires with the attachment figure (the secure strategy), (2) suppression of attachment-related distress combined with self-reliance (the avoidant strategy), and (3) a coercive strategy involving alternation between angry demands and rebukes and coy or flirtatious attempts to elicit what one needs from a partner (the anxious strategy). Each strategy was assumed to stem from past attachment experiences with parents and caregivers during childhood as well as prior romantic partnerships. Their study found that attachment-related anxiety was associated with greater preoccupation with the lost partner, greater perseveration over the loss, more extreme physical and emotional distress, exaggerated attempts to reestablish the relationship, angry and vengeful behavior, dysfunctional coping strategies, and disordered resolution. Attachment-related avoidance was weakly and negatively associated with distress reactions to breakups and strongly and positively associated with avoidant and self-reliant coping strategies. Secure attachment was associated with positive social coping strategies. These studies suggest it is likely that early attachment representations as well as the security of attachment with romantic partners both impact emotional distress and coping in response to the dissolution of romantic partnerships.

Attachment and Psychological Functioning

During adolescence, insecure attachment likely affects psychological functioning via multiple pathways. Insecure internalizations of attachment may cause adolescents to be particularly sensitive to interpersonal stressors, increasing their vulnerability to depression and other disorders. Insecure adolescents may expect unavailability and rejection from others and behave in ways that generate additional stress thereby becoming more susceptible to psychological difficulties (Hammen et al., 1995). Attachment organization may also affect development and psychological functioning by way of mechanisms of emotion regulation. While for securely attached adolescents, negative emotions serve communicative functions and result in comfort seeking behaviors, individuals with insecure attachments may either overstress their negative emotions in order to elicit responses from attachment figures or they may restrict their negative emotions to reduce the anxiety elicited by unresponsive attachment figures (Goldberg, 2000; Carlson & Sroufe, 1995).

A number of studies suggest the existence of substantial links between adolescents' early attachment organizations and their later psychological functioning. Early insecure attachment has been found to serve as a risk factor in the development of adolescent and adult psychopathology. Associations have been made between insecure attachment in early childhood and the development of dissociative symptoms (Carlson, 1998), anxiety disorders (Warren, Huston, Egeland, & Sroufe, 1997), affective disorders (Rosenstein & Horowitz, 1996), eating disorders (Cole-Detke & Kobak, 1996), substance abuse disorders (Fonagy et al., 1996), borderline personality disorder (Fonagy et al., 1996), antisocial personality disorder (Rosenstein & Horowitz, 1996), and adolescent suicidal behavior (West et al., 1999). However, in a review of the literature in this area, Greenberg (1999) concluded that attachment insecurity is not itself a form of psychopathology but that it may constitute a nonspecific risk factor that increases the likelihood of future psychopathology in combination with other risk factors. In other words, insecure attachment may be neither necessary nor sufficient for the development of psychopathology, but it may increase the risk, severity, or persistence of disorders.

A number of studies suggest the existence of substantial links between perceived attachment during adolescence and psychological functioning and distress (Brown & Wright, 2003). For example, poor adolescent attachment has been related to feelings of depression (Margolese, Markiewicz, & Doyle, 2005; Papini & Roggman, 1992), emotional disturbance (Overbeek, Vollenbergh, Engels, & Meeus, 2003), loneliness (Ireland & Power, 2004), the development of eating disorders (Orzolek-Kronner, 2002), substance abuse (Lee & Bell, 2003), suicidal ideation and behavior (Lessard & Moretti, 1998), problems of conduct and inattention, and the frequent experience of negative life events (Nada Raja, McGee, & Stanton, 1992). On the other hand, Buist, Dekovic, Meeus, and van Aken (2004) demonstrated the benefits of secure attachment in a longitudinal study which investigated 288 adolescents between 11 and 15 years of age. Participants were assessed on attachment relationships using the Inventory of Parental and Peer Attachment at three times with one-year intervals between measurements. Results showed that adolescents reporting higher quality of attachment showed less internalizing (withdrawal, anxiety, depression) and externalizing (delinquent, aggressive) behaviors a year later. There were significant negative correlations between attachment and internalizing problems at each measurement time, -0.29, -0.13, and -0.12 at one year, two year and three year intervals respectively. Similarly, they reported significant negative correlations between attachment and externalizing problems at each time measurement, -0.29, -0.09, and -0.15 respectively. They concluded that secure relationships with parents, characterized by closeness and trust, allowed adolescents to develop a positive self-image and confidence in their abilities to cope successfully with the developmental challenges of adolescence, which in turn facilitated decreased psychopathology.

Studies have found associations between attachment style and various measures of adolescent's self-perceptions. Higher parental support and parental monitoring have been related to greater self-esteem and lower risk behaviors (Parker & Benson, 2004). College students with stable and secure attachment patterns have been found to exhibit greater confidence in their self-perceptions of physical appearance, social skills, and romantic relationships in comparison to insecure peers (Lopez & Gormley, 2002). Mikulincer (1995) determined that an individual's self-concept varies as a function of attachment style. In this study, which utilized the Adult Attachment Interview, anxious-ambivalent individuals endorsed more negative traits and fewer positive traits as self-descriptions than did secure and avoidant individuals. Shaw and Dallos (2005) suggested that a negative view of self is tied to anticipated rejection from others. They proposed that the anticipation of rejection is likely to cause the individual to behave in ways that cause others to reject them and that this rejection subsequently reinforces the negative view of self.

Self-perception of relational competence plays a crucial factor in psychosocial functioning. Relationships serve as significant sources of self-appraisal and play a significant role in determining an individual's self-esteem. Perceptions of competence in friendships and success in romantic partnerships positively impact self-esteem, while the view of oneself as lacking in social competence negatively influences self-esteem and may lead to chronic depressive feelings (Engels, Finkenauer, Meeus, & Dekovic, 2001). Attachment and interpersonal relationships have been shown to have an important impact on perceived control and feelings of self-efficacy. Coleman (2003) used the Inventory of Parental and Peer Attachment to assess attachment styles of fifth and sixth graders and found that more securely attached children exhibited greater self-efficacy. Research on adolescents has found that supportive parenting and supportive peer relationships can increase adolescents' sense of self-efficacy, subsequently reducing depressive symptomatology

(McFarlane, Bellissimo, & Norman, 1995). Additionally, Hexel (2003) determined that among undergraduate students, those participants with an internal locus of control reported more confidence and greater security of attachment. These studies indicate significant links between attachment security and perceptions of control and efficacy, which in turn is related to healthy well-being and adaptive functioning.

The experience of trauma and extreme life events also has important implications for the development of attachment and psychopathology during adolescence. Research has examined the degree to which trauma is predictive of psychological problems as a function of current attachment classification. According to this research, when trauma has not been resolved, there is an increased risk for psychopathology (Cassidy & Mohr, 2001). Studies suggest that the experience of extreme life events might undermine the quality of parent-child relationships and subsequent adolescent-adult attachment relationships impacting the development of supportive relationships and adaptive coping strategies (Sagi-Schwartz, 2003).

Summary of Attachment Literature

Overall, attachment has been demonstrated to play an important role throughout the lifespan. The internal working models developed as a result of early experiences with caregivers guide success and comfort with interpersonal relationships in later life. As individuals move into adolescence, attachment strategies with parents are transferred to relationships with peers and later to romantic partners, securing the foundation for the individual to act as an attachment figure to others. Attachment with parents and peers is an important factor in both successful adaptation and protection from psychopathology. As outlined, the accumulated research findings stress the importance of secure relationships with parents and peers during childhood and adolescence in healthy psychological and interpersonal well-being.

Resilience

Resilience in Adolescence

In order to understand factors affecting adolescent health and well-being, researchers are increasingly turning their attention towards investigating why some adolescents thrive while others experience difficulties. This resilience-based approach focuses on the strengths and adaptive processes of adolescents that are beneficial for healthy personal adjustment.

Luthar, Cicchetti and Becker (2000) define resilience as a dynamic process of positive adaptation to significant stress, adversity, or risk. They include two critical conditions implicit within their definition: (1) exposure to a significant threat or severe adversity, and (2) the achievement of positive adaptation despite major assaults on the developmental process. Individuals who are resilient "bounce back" or recover from strain and distress and are able to adapt effectively. Resilient individuals display positive mental health, social competence, self-esteem, and successfully negotiate developmental tasks despite exposure to significant risks and threats to their development (Masten et al., 1999).

Many types of adversity experienced by children – premature birth, poverty, mental illness in a parent, divorce, war, maltreatment – have been studied by investigators of risk and resilience (Masten & Powell, 2003). While early studies of risk and resilience focused their attention on one factor at a time, it soon became apparent that risk factors typically co-occur with other risk factors, usually encompassing a sequence of stressful experiences rather than a single event, and often pile up in the lives of children over time (Garmezy & Masten, 1994). Therefore, resilience and risk factors have been identified as having cumulative effect in the lives of children and adolescents.

Developmental factors are now being considered to improve our understanding of resilient adaptation. The developmental lifespan approach aims to capture the dynamic interaction between risk and protection which occurs as children and youth develop in conjunction with interactions in their environment (Biglan, Brennan, Foster, & Holder, 2004). From this perspective, individuals may shift between levels of resilient adaptation as they encounter developmental tasks. This theory has been supported by results of the Kauai longitudinal study which followed 700 children from birth to adulthood. In this investigation, Werner and Smith (2001) found that many of the individuals who had shown difficulty in adolescence had gone on to stabilize in adulthood. They determined that the developmental trajectory of risk was somehow disrupted and resilience established within a background of adversity. Therefore, when early problematic behavior are identified, risk trajectories can be interrupted and the cumulative effects of risk may be altered (Fraser, Kirby, & Smokowski, 2004).

Resilience is moderated by protective factors which act to modify the relationship between risk factors and personal difficulties (Smokowski, Reynolds, & Bezuczko, 1999). Protective factors are often credited with facilitating the process of overcoming adversity by altering an individual's response to risk. An array of protective factors have been identified as having an important role in fostering resilience and facilitating positive adaptation during adolescence. Three prominent factors have been identified in the literature: (1) personal, (2) family, and (3) community.

Personal Factors

A range of personal factors have been shown to differentiate resilient adolescents from their vulnerable peers. Biological and genetic factors such as general good health (Nielsen & Hansson, 2007) and above-average intellectual skills (Fergusson & Lynskey, 1996) serve as protective factors. Personality characteristics including an easy or good-natured temperament (Masten & Coatsworth, 1998), positive self-esteem (Bell & Suggs, 1998), self-worth (Davey, Eaker, & Walters, 2003), an internal locus of control (Dumont & Provost, 1999), the ability to be self-reflective (Cicchetti & Rogosch, 1997), and self-reliance (Cowen, Wyman, & Work, 1996) are frequently cited as fostering resilience.

These characteristics serve to encourage the development of interpersonal relationships and provide adolescents with the necessary confidence to cope with difficult situations and buffer against the risks teenagers may encounter.

Self-esteem and self-worth have been cited by many researchers as a salient intrapersonal characteristic that can significantly affect an individual's potential to be resilient, suggesting that self-worth could be the most important trait in resilient adolescents (Davey et al., 2003). Adolescents who possess high self-esteem feel good about themselves, their interpersonal relationships, and their ability to successfully cope with life's challenges (Rutter, 2001; Werner, 2000). Dumont and Provost (1999) examined the impact of self-esteem, social support, different coping strategies and different aspects of social life on a group of 297 well-adjusted, resilient, and vulnerable adolescents. They found that the well-adjusted group had a higher level of self-esteem than the other two groups and that the resilient adolescents reported higher self-esteem than the vulnerable adolescents. Resilient adolescents were also found to score higher on problem-solving coping strategies than the other two groups. According to this study, developing positive personal perceptions and a strong awareness of control serves to guard against negative perceptions of daily stresses, by building in the individual the belief in the capacity to cope with these aspects of daily life.

Internal locus of control and self-efficacy have both been identified in the literature as resilient qualities indicating the importance of perceived control in adolescents' well-being (Bernard, 2004; Magaletta & Olivcer, 1999). Adolescents with a stronger sense of personal efficacy trust that they have the capacity to bring about their desired goals and utilize effective coping strategies to deal with stress. They believe that life has meaning, that change is a normal part of life and that they can influence events to produce the outcomes they desire. Additionally, they are more proactive in taking advantage of opportunities afforded by their environment, less reactive to environmental demands, and more assertive in dealing with risks (Bandura, 1997). Perceptions of internal control over stressful life events have been found to be protective against the development of psychopathology in children experiencing parental divorce (Sandler, Kim-Bae, &

MacKinnon, 2000). In a recent investigation by Leontopoulou (2006) locus of control significantly predicted positive adaptation in adolescents. In this study which investigated 326 Greek male and female first year university students, locus of control correlated with active and avoidance coping (r=0.15 for active coping and r=0.17 for avoidance coping), which in turn correlated with absence of psychopathology (r=-0.24) and presence of well-being (r=0.30). Resilient adolescents appeared to have a healthier, more internal locus of control than either adapted or maladapted adolescents.

Optimistic thinking has also been identified as a protective factor among resilience studies (Alvord & Grados, 2005). Resilient individuals have been found to display a realistic and positive sense of self. They view themselves, the world and their futures positively and are confident in their abilities to overcome obstacles. They make use of resources and opportunities around them and view hardships as learning experiences (Werner & Smith, 2001). Optimism has been shown to serve as a protective factor against internalizing disorders and to increase an adolescent's likelihood of healthy well-being (Carlton et al., 2006). Tusaie, Puskar and Sereika (2007) found that higher levels of optimism was associated with higher levels of psychosocial resilience among adolescents and that optimism decreased the effects of negative life events. In this study, adolescents who had positive expectations for their future were less distressed when adverse events occurred and they pushed ahead more actively than those who expected worse outcomes.

Resilience is commonly found among adolescents who display social competence, good interpersonal communication, strong social skills (Hollister-Wagner, Foshee, & Jackson, 2001), and good problem solving abilities (Smith & Carlson, 1997). The ability to seek out solutions to problems and take the initiative to obtain help from others when required has also been associated with resilience (Benard, 2004). Adolescents able to perceive autonomy and self-efficacy are more likely to feel a sense of control within their environments and their self-confidence may contribute to a positive outlook on life. Numerous studies have found strong correlations with resilience and perseverance, self-determination, optimism, a positive approach to life, and a strong sense of purpose and future (Cowen et al., 1996; Ryan & Deci, 2000; Smokowski et al., 1999).

Family Factors

Adolescence is a critical period of development during which individuals gain perspective on the factors that positively and negatively affect their resilience. Family relationships are internalized as being either positive (promoting optimism and increased openness for support) or negative (encouraging pessimism and lack of trust). Positive cognitive processes serve to counteract numerous risk factors, creating the perception of resilience when faced with the effects of life stressors (Rutter, 2001).

Parenting techniques and family relationships are important factors in reducing risk and promoting resilience. Support and affection from caregivers is often cited as a central factor for buffering the effects of risk and promoting healthy child and adolescent development (Heller, Larrieu, d'Imperio, & Boris, 1999). The presence of a caregiver who is sensitive and emotionally available has been found to be crucial to later adaptive functioning (Egeland, Carson, & Sroufe, 1993). Responsive caregiving allows an adolescent to rely on the support of others, to view the self as worthy, to develop self-confidence, and to experience mastery of the environment. Family interactions characterized as cohesive, warm, and supportive serve to develop secure bonding and send teens the message that they are valued, loved, and cared for by their families. Parental support also provides guidance, information, and resources that can benefit adolescents in challenging times (Dumont & Provost, 1999). Consistent with this view, Carlton and associates (2006) found that among a group of Hawaiian youth, family support promoted well-being, reduced the risk for psychiatric symptomatology and was the strongest resiliency factor. Additionally, Tusaie and colleges (2007) determined that adolescents reporting higher levels of perceived family support were more likely to have higher levels of psychosocial resilience.

Use of effective and appropriate parenting techniques as well as maintaining consistent household rules and structure have been shown to buffer risk for problem behaviors in youth. Effective parenting strategies characterized by adequate supervision and consistent discipline are related to positive developmental outcomes such as academic achievement and social relationships (Kritzas & Grobler, 2005; Masten et al., 1999). Similarly, consistent household rules and daily routine serve to communicate expectations clearly and create an atmosphere of safety and predictability (Masten, Best, & Garmezy, 1990). In addition, positive parenting and open relationships with family members can help deter adolescents from involvement in antisocial behavior and protect youth from negative experiences (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998).

Caring relationships with siblings also help to protect adolescents and promote positive behaviors (Jenson & Fraser, 2006). Reports suggest that sibling relationships during adolescence reach an intense level during which both bonding and opposition peak (Scarf, Shulman, & Avigad-Spitz, 2005). These relationships may change depending on systemic events within the family such as death, divorce, or the experience of traumatic events, however research shows that in times of family duress, sibling relationships tend to strengthen and become mutually supportive (Cole & Kerns, 2001). Siblings relationships have also been found to have positive effects of adolescent self-perceptions as teenagers who report positive relationships with siblings have been found to possess greater self-esteem and a more positive self-image (Yeh & Lempers, 2003).

In addition to contributing to adolescents' sense of general well-being, family bonds tend to mediate the adjustment to traumatic experiences during childhood such as family conflict or child abuse (Cicchetti, Rogosch, Lynch, & Holt, 1993). Overall, positive relationships between parents and their adolescents have consistently been found to protect adolescents from future difficulties (Sandler, Wolchik, Davis, Haine, & Ayers, 2003). The internalization of family relationships as a positive source of support throughout adolescence has an important impact on the development of resilience (Masten, 2001).

Community Factors

At the community level, protective factors including opportunities for education, employment, and after-school activities promote the healthy development of adolescents (Fraser et al., 2004). Strong support has shown that adolescents who demonstrate healthy adaptation despite exposure to adversity benefit from the use of external support systems, such as participation in extracurricular activities or hobbies, a positive school environment, and involvement with a religious community (Egeland et al., 1993). These community resources provide the support necessary to achieve socially and academically while also contributing to adolescents' beliefs in a positive future.

Research focusing on resilient youth also suggests that a close and supportive relationship with adults and mentors, such as teachers, coaches, counsellors, extended family, and neighbors is important in enabling developmental competence (Walsh, 2002). Extended family members or other adults can serve to compensate for risks related to parental difficulties such as psychopathology or substance abuse (Werner, 2000). Research shows that supportive relationships can provide adolescents with opportunities to observe and interact with positive role models and to benefit from learning approaches to problems solving and communication (Masten et al., 1999). Youth exposed to trauma and abuse in particular, appear to profit from positive relationships which may serve to reinforce the value and worth of the individual (Higgins, 1994).

The experience of a positive and structured school environment has also been identified as a protective factor (Werner, 2000). Schools which outline clear and consistent expectations foster adolescents' abilities to develop positive self-regulation (Brody, Dorsey, Forehand, & Armistead, 2002). Additionally, teachers serve as important role models, provide social support and help to motivate students to achieve success (Eccles et al., 1993).

Positive relationships with peers provide another source of support for many adolescents who benefit from companionship, personal identification, role modeling, and sense of belonging (Smokowski et al., 1999). It is an adolescent's peer group that acts as the primary source for social skill enhancement and emotional support (Updegraff, McHale, & Crouter, 2002). Resilience has been reported to positively correlate with peer support (Luthar & Zigler, 1991). Research conducted by Rosenblaum and associates (2005) examined the correlation between resilience and positive peer relationships. They determined that family functioning predicted resiliency (standardized regression coefficient of 0.42, $p<.01$) and that positive community factors and resiliency predicted less affiliation with deviant peers ($r=-0.21$, $p<.05$ and $r=-0.31$, $p<.01$ respectively). Similarly, Carlton and associates (2006) found that the formation of peer relationships enhances well-being among youth because those with close relationships are more likely to discuss their problems and do so earlier.

The Resiliency Process

Resilience is being conceptualized as more than a personality characteristic or fixed attribute, but rather as an evolving process that develops across an individual's lifespan. Reciprocal interactions among personal, interpersonal, and environmental variables serve to modify an individual's response to adversity, affecting coping and adaptation throughout the progression of development (Rutter, 2001). Positive cycles of adaptation are strengthened through experiences that shape the extent to which the individual develops and relies upon the internal and external resources to overcome personal difficulties. The resilience-based approach views mild to severe disruptions as opportunities for growth, development, and skill building (Richardson, Neiger, Jensen, & Kumpfer, 1990).

Richardson (2002) presents resiliency as a linear model (Figure 2.) whereby resilient qualities are attained through disruptions and reintegrations. Biopsychospiritual homeostasis, the state of mind, body and spirit at which the individuals is currently adapted to, is regularly bombarded by stresses, adversities, life events, and other forms of change. The interaction between stresses and protective factors determines whether disruptions will occur. While resilient qualities allow individuals to maintain their homeostatsis, chronic stresses overwhelm those who have failed to develop resilient qualities or have not grown through past disruptions.

When stresses are chronic or overwhelming the individual may experience a period of disruption during which the individual's current view of the world falls apart. Disruption is the "poor me" stage of the resiliency process, during which individuals may experience self-doubt and primary emotions such as hurt, loss, guilt, fear, or confusion which potentially lead to introspection. As time passes the individual begins the reintegration process. An individual can reintegrate resiliently, return to homeostasis, reintegrate with loss, or dysfunctionally reintegrate. Resilient reintegration refers to the coping process that results in growth, self-understanding and increased strength of resilient qualities. Reintegration back to homeostasis puts the individual back at the level of prior functioning. Reintegrating with loss means that the individual gives up some hope, motivation or drive due to the demands of stresses. Dysfunctional reintegration occurs when people resort to destruction behaviors, substances, or other maladaptive means of coping.

The linear presentation of the model reflects adaptation to a single event, however, multiple disruptive and reintegrative growth opportunities may occur simultaneously. The resiliency process may take a matter of seconds, for minor new pieces of information, or a number of years in the cases of severe or traumatic stressors. Individuals who fail to develop resilient reintegration will continue to experience ongoing disruptions because they have not acquired resilient qualities. Individuals develop resilient qualities through previous disruptions, so that most events become manageable and nondisruptive. Importantly, disruptions are required for the development of resilience because homeostasis makes no demands for growth or improvement.

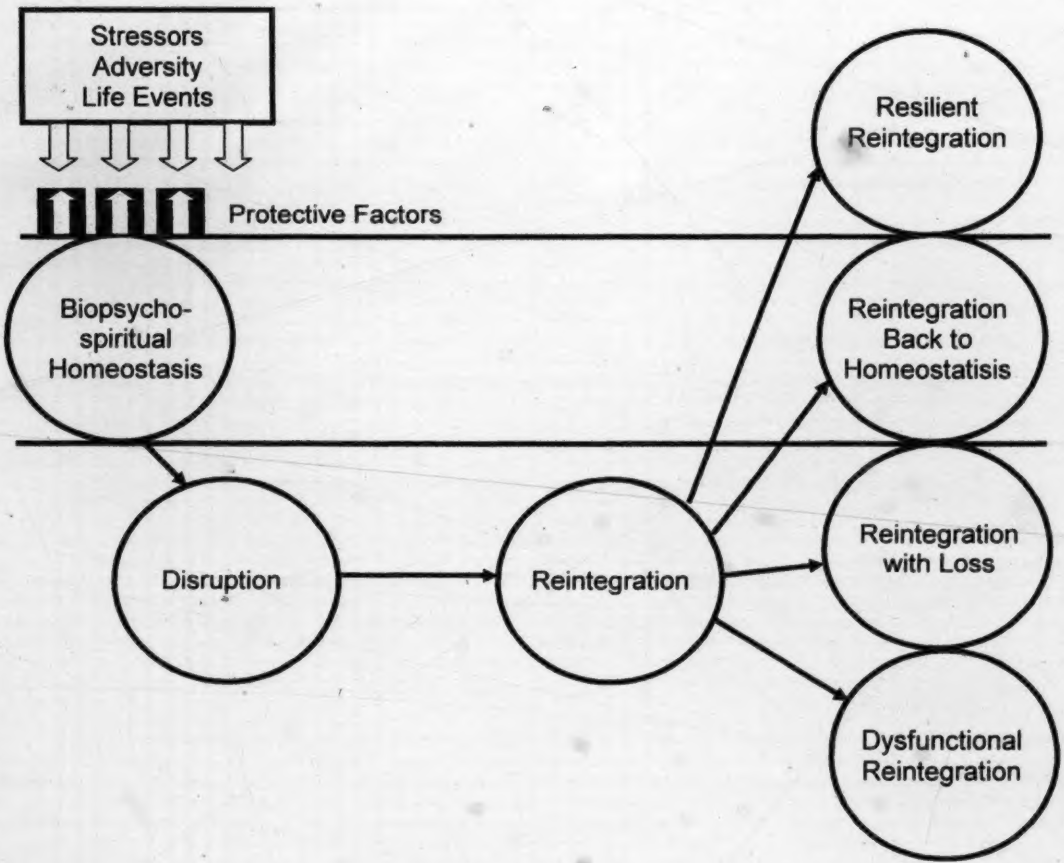
Stressors
Adversity
Life Events
Protective Factors
Biopsycho-spiritual Homeostasis
Disruption
Reintegration
Resilient Reintegration
Reintegration Back to Homeostatisis
Reintegration with Loss
Dysfunctional Reintegration

Figure 2: The Resiliency Model

Resilience and Attachment

Overall, social contacts have been considered among the most important resources for promoting resilience (Heller et al., 1999). As cited above, family support and sensitive and safe relationships are widely reported as related to positive outcomes among adolescents facing ordinary and extraordinary life stresses. An individual's sense of attachment security has also been found to be associated with healthy adjustment and well-being throughout the lifespan. Family support is an important aspect of resilience and it is unlikely that such support can exist without some degree of attachment (Atwool, 2006). While little research exists to date linking the constructs of attachment and resilience, resilience can be conceptualized from an attachment framework to serve as a heuristic for understanding the protective roles of relationships.

According to Kenny and Rice (1995), secure attachment models enable individuals to develop well-being despite adverse circumstances, contributing to conditions of resilience. On the other hand, insecure attachment models increase susceptibility to psychological risk and create a foundation for maladaptive development. One reason may be that individuals with secure internal working models are more likely to experience positive self-worth which serves as a valuable protective factor against assaults on the self. Those with secure attachment also anticipate others to be trustworthy and responsive and therefore are better equipped to seek out and rely on supportive relationships which buffer against stressors. Furthermore, secure attachment is associated with enhanced coping abilities which are then available to be employed in times of adversity and stress. In contrast, insecurely attached individuals are likely to perceive difficulties as a reflection of personal failure, rely on maladaptive coping, and distrust the availability of others for support, all of which contribute to further distress.

Consistent with Kenny and Rice's (1995) view that secure attachment can serve to buffer against stress and facilitate resilience by way of promoting successful coping patterns is research suggesting that individuals with different attachment styles respond differently to stressful situations (Neria, et al., 2001). Ambivalent individuals manifest more negative views about themselves compared to secure and avoidant individuals and report less effective coping in stressful situations. They also tend to view stress as being more threatening and perceive themselves as less capable of coping. Avoidantly attached individuals have been found to use more distancing coping and rely less on attachment figures for support in stressful and anxiety provoking situations in comparison to those who are securely attached (Seiffge-Krenke & Beyers, 2005). Additionally, studies have shown the benefits of secure attachment in times of stress by way of increased communication and decreased negative avoidance coping (Howard & Medway, 2004). Secure attachment can therefore have an important influence on how an individual responds to stress and adversity by allowing an individual to rely on others for support and promoting enhanced coping abilities which in turn can facilitate the development of resilience. On the other hand, insecure attachment styles can decrease an individual's willingness to turn to others for support, lead to increased reliance on maladaptive coping strategies and place the individual at risk for developing psychopathology.

Despite theoretical support, few studies have investigated the relationship between resilience and attachment patterns. However, resilience researchers have begun to turn to attachment theory as a possible explanation for the importance of family and peer support. A recent study by Gomez and McLaren (2006) examined the use of models of resilience for the prediction of anxiety/depression, coping styles, and perceptions of parental support. They found that perceived support from both fathers and mothers were negatively associated with anxiety/depression in a sample of 18-20 year olds ($r=-.25$, $p<.001$ for mothers and $r=-.35$, $p<.001$ for fathers). These researchers suggested that the protective role offered by parental support could be explained by attachment theory. In their view, children who experience sensitive and supportive caring or secure attachment develop the expectation that others are supportive, thereby providing a secure base that promotes feelings of personal control, self-esteem, and mastery, which in turn influence and promote better cognitive, emotional, and social development leading to enhanced resilience in those at risk.

Longitudinal studies have also begun to provide support for the importance of attachment in resilience. Fergusson and Horwood (2003) investigated parental attachment and bonding in a 21-year longitudinal study which followed 1,265 children born in New Zealand. They found that with increasing exposure to childhood adversity, there were corresponding increases in rates of both internalizing and externalizing disorders. In the case of externalizing disorders, the avoidance of affiliations with delinquent peers proved to mitigate the effects of exposure to family adversity, whereas for those with internalizing disorders, the formation of strong parental attachment proved to mitigate the effects of exposure to family adversity. Similarly, in a longitudinal study which began in 1977 and followed a normative school cohort of 205 children for 20 years, Masten and Powell (2003) found that competent and resilient youth had more resources at hand, including effective adults in their lives in a parenting role, average or better cognitive development and positive self-regard. Maladaptive youth, on the other hand, had few internal, family, or other resources, had lower self-worth, appeared to be stress-prone, and were more inclined to experience negative emotions. The results of these longitudinal studies suggest that the nature of parent-child attachments and peer relationships may play a role in determining vulnerability or resilience in the face of adversity.

Similar associations between attachment and resilience have been found in studies investigating parenting styles. Wyman and associates (1999) studied parenting factors that differentiated the resilience status of groups of children aged seven to nine and nine to twelve. Parents of resilient, compared to maladjusted, children reported more nurturing and emotionally responsive parenting attitudes, empathy for children's needs, appropriate developmental expectations, greater discipline consistency, more positive expectations for their children's futures, and the use of more authoritative discipline practices. They concluded that variables reflecting parenting quality and competence were sensitive predictors of resilient status and supported the view that caregiving plays a central role in promoting sound child development under high-risk conditions. Similarly, Gribble and associates (1993) found that parents of stress-resilient children had more positive parental attributes, were more involved in their children's lives, and provided more guidance. The result was that the stress-resilient children were more securely attached than were stress-affected children. Therefore, supportive and nurturing attachment relationships have an important protective value in the face of on-going, major life stresses.

Various forms of childhood and family adversity have been associated with insecure attachment patterns and negative outcome in later life. Childhood adversity and maltreatment has been associated with increased incidence of psychopathology in adolescence and adulthood, particularly depressive symptomatology (Kaufman & Charney, 2001; Pine & Cohen, 2002). A recent study by Hankin (2006) proposed that an insecure attachment style, a negative cognitive style, and the experience of an elevated number of negative life events could serve as mediating variables in this relationship. Chronic family adversity, including the presence of multiple social-contextual risks such as maternal depression, has been determined to relate to children's insecure attachment styles in a study of risks for early conduct problems (Shaw & Vondra, 1995). Children are also more likely to shift from secure to insecure attachment during adolescence within the context of poverty, maltreatment, and maternal depression (Weinfield et al., 2000).

Overall, the accumulated research findings suggest that a secure attachment organization during adolescence may be an important factor influencing resilient functioning and adaptive interpersonal functioning and coping during this developmental period. Studies have demonstrated that secure attachment in infancy is correlated with competent functioning in later childhood, adolescence, and adulthood (Allen & Land, 1999) and that secure bonding with caregivers is associated with resilience (Werner & Smith, 2001; Rutter, 1987). Among children who have experienced significant life stressors, those who experienced a positive parental relationship demonstrated more secure attachment and competent functioning in comparison to those children who did not (Gribble et al., 1993). Studies to date have mainly focused on identifying characteristics and protective factors of families and relationships related to resilience. Few studies have examined these factors in relation to attachment theory. Investigating the role of attachment security in the development of resilience is therefore an important area for research.

Adolescent Suicidality

Epidemiology

In Canada, suicide is currently the second leading cause of death among those aged 15-24 (Health Canada, 2006). While the actual rates of completed suicide are relatively low (6.4 per 100,000 for females and 18.2 per 100,000 for males), suicide accounts for one fifth of all deaths in this age group. The magnitude of the problem becomes more obvious when nonlethal suicidal behavior and ideation are taken into account. Recent American reports from general population studies have found that among adolescents: 16.9% seriously consider attempting suicide, 13% develop a suicide plan, 8.4% attempt suicide, and 2.3% require emergency medical treatment following a suicide attempt (Center for Disease Control, 2006). While similar Canadian statistics are unavailable, the prevalence of adolescent suicidality in this country is significantly higher than in the United States, suggesting the enormity of this societal concern (Goldney, 2002).

Important gender differences exist in both completed suicide and nonlethal suicidal behavior. In comparison to same aged males, adolescent females have been shown to attempt suicide more often and are more than twice as likely to be hospitalized for a serious suicide attempt (Health Canada, 2006). Conversely, teenage boys die by suicide three times more frequently than girls. These gender differences are hypothesized to be due to more lethal means used by males (Langlois & Morrison, 2002). Methods favored by males include firearms, hanging, and carbon monoxide poisoning, while females more often choose drug overdoses.

The suicide rate among adolescents showed a marked increase from the 1950s through the 1980s with the rate for those aged 15-19 showing a seven-fold increase. Fortunately, the rates have remained relatively stable over the past decade, showing only minor variations from year to year (Langlois & Morrison, 2002). While suicide statistics are important, they often fail to provide a complete depiction of the phenomenon because they consist solely of official data which often underestimates actual prevalence. The stigma and guilt frequently associated with a suicide, particularly among youth, may result in the intentional cover up of an individual's cause of death. Medical and legal authorities often only record a death as a suicide if the victim's intent can be clearly proven. Some accidental or violent deaths may involve suicidal intent which is impossible to demonstrate. While estimates vary, researchers suggest that up to 200% of deaths by suicide are not recorded as such (Diekstra, 1993).

Spectrum of Adolescent Suicidality

Continuing controversy exists in the literature as to whether suicidal ideation, suicidal behavior, and completed suicide represent distinct populations, form a continuum of lethality, or signify different but overlapping population groups. Available evidence suggests some differences among these groups but supports an association between these phenomena and recognizes continuity among the different forms of suicidal behavior (Beautrais, 2001).

van Herrigen (2001) has suggested that suicidality be viewed as a process that occurs within an individual and in interaction with the environment. According to this perspective, an individual may progress from ideation and thoughts about taking one's life, to repeated suicide attempts with increasing lethality and intent, and finally end with a completed suicide. Among individuals an underlying and persistent vulnerability, such as biological and/or psychological traits influenced by specific stressors, is assumed to exist and to explain why certain individuals may be more resilient than others. Although relatively little is known about the suicidal process, psychological autopsies of completed suicide show that 30% to 40% of adolescents who died by suicide had previously made a suicide attempt while many had either previously discussed their wish to die or threatened suicide (Brent et al., 1993). Among adolescents, 90% of a community sample who reported a suicide attempt also reported a history of suicidal ideation (Andrews & Lewinsohn, 1992). Psychological autopsy studies of individuals between 15 and 29 years of age who died by suicide have showed that on average, the process started at the age of 20, lasted an average duration of 37 months, was shorter in males (31 months) than in females (52 months), and was influenced by the nature of the individual's psychological disorder (Runeson, Beskow, & Waern, 1996).

The high numbers of adolescents reporting suicidal ideation and behavior and the strong associations between nonfatal suicidal behavior and completed suicide, support the need for greater understanding of adolescent suicidal ideation and behavior. While epidemiological studies contribute to our understanding of the scope of the problem, an examination of particular background variables provides insight into those factors associated with increased risk or protection from suicidal thoughts and behaviors, the knowledge of which is important for effective treatment and prevention.

Family Functioning

Although a variety of risk factors have been identified as being important in adolescent suicidality, research on adolescent suicidal behavior has consistently found family issues to play a central role (Wagner, Silverman, & Martin, 2003). Prolonged family disruptions, dysfunctional family environments, ineffective parenting strategies, and inadequate parent-child relationships may increase the likelihood of adolescent suicidal behavior (Kelley, Lynch, Donovan, & Clark, 2001; King et al., 1995). In fact, previously suicidal adolescents ranked family problems first on a list of precipitating events culminating in suicidality (Pronovost, Cote, & Ross, 1993).

In-depth studies have shown that dysfunctional relationships with parents differentiate adolescent suicide attempters from controls (Adam et al., 1994). In particular, suicide attempters report having more conflicted family and parent-child relationships with higher levels of chronic family discord, hostility, quarreling, verbal abuse, and scapegoating than nonsuicidal controls (Kosky, Silburn, & Zubrick, 1990). Adams, Overholser, and Lehnert (1994) examined the family relationships of hospitalized and community adolescents with suicidal ideation and behavior in comparison to a normative sample. They found that the suicidal adolescents reported dysfunctional mother-adolescent relationships characterized by power struggles, the inability to solve problems, difficulty adapting to change, frequent disagreements, and poor emotional expression. Similarly, Randell, Wang, Herting, and Eggert (2006) found increased levels of suicide risk among youth were associated with perceived conflict with parents ($r=.243$, $p<.05$), unmet family goals ($r=.55$, $p<.05$), family depression ($r=.240$, $p<.05$), and lack of support and parental availability (family support satisfaction $r=-.199$, $p<.05$).

Parenting style has also been linked to suicidal behavior. Suicidal adolescents have been shown to perceive their parents to be significantly more overprotective (Allison, Pearce, Martin, Miller, & Long, 1995) and restrictive (Pillay, 1987) than nonsuicidal adolescents. Suicidal adolescents often characterize the social climate of their family as less cohesive (Campbell, Milling, Laughlin, & Bush, 1993), significantly less caring, and more critical (Allison et al., 1995) than do controls. Perceived lack of family support has also been linked to increased rates of adolescent suicidal ideation and behavior (Perkins & Hartless, 2002; Randell et al., 2006). Recently, Sequin, Lynch, Labelle, and Gagnon (2004) found that suicidal ideation and behavior in adolescents was related to a parental-child regime that was characterized as controlling and less caring. Suicidal adolescents have also reported significantly lower levels of activity involvement with parents (Bearman & Moody, 2004) and more feelings of isolation from important family members (Husain, 1990) than their nonsuicidal peers. In addition, suicidal adolescents have shown significantly less satisfying and less frequent communication with their parents (Gould, Fisher, Parides, Floy, & Shaffer, 1996), report perceptions of lack of warmth in parent-child relationships (Connor & Rueter, 2006), and indicate the absence of an adequate family confidant (Tulloch, Blizzard, & Pinkus, 1997).

While the loss of a parent or the break up of a family following death, divorce, or separation is often cited as a potential risk factor for adolescent suicidal ideation and behavior, the literature within the past decade has yielded mixed and contradictory findings. Some of the research investigating the consequences of parental divorce has found an increased risk for suicidal behavior (Grosz, Zimmerman, & Asnis, 1995; Messner, Bjarnason, Raffalovich, & Robinson, 2006), however, this association decreased when parental psychopathology was considered (Gould, Shaffer, Fisher, & Garfinkel, 1998). Research has shown that suicide attempts are more common among adolescents living apart from one or both biological parents (Wagner, Cole & Schwartzman, 1995). In the case of parental death, little evidence exists to suggest that the loss of a parent in childhood is associated with suicidality during adolescence (Lyon et al., 2000). However, studies focusing on general categories of loss did find links with suicidal behavior (Fergusson, Woodward, & Horwood, 2000). Overall, a comprehensive review concluded that there was no evidence that the loss of a caregiver to death, parental separation, or divorce was a risk factor for suicidal behavior, but that the experience of multiple losses could increase suicide risk (Everall, 2000; Wagner, 1997).

Peer Relationships

In addition to family factors, considerable empirical research supports the conclusion that suicide risk increases for youth who experience poor relationships with peers. Researchers have found that low levels of friendship quality (Rubenstein, Heeren, Housman, Rubin, & Stechler, 1989), peer rejection, low levels of close friendship support (Prinstein, Boergers, Spirito, Little, & Grapentine, 2000), loneliness (Roberts, Roberts, & Chen, 1998), and poor social acceptance by peers (Allen et al., 1998) have all been related to adolescent suicidality.

Researchers have suggested that social isolation among youth serves as a major risk factor for psychopathology and suicidal behavior (Hazler & Denham, 2002). In a study by Field, Diego and Sanders (2001), adolescents experiencing suicidal ideation were found to be comparatively less popular and to have fewer friends than those in the nonsuicidal group. In a recent study, Bearman and Moody (2004) analyzed friendship data on 13,465 adolescents from a national longitudinal survey on adolescent health. They found that among females, those that were isolated from the peer community or had transient or turbulent social relationships were at greater risk for suicidal thoughts than those embedded in a cohesive friendship group. While the males in this study appeared to be more impervious to social context than females, those males who attended schools with few social ties were at an increased risk for suicide attempts.

Studies have also shown interpersonal factors to be a major precipitant for adolescent suicidal behavior (Davila & Daley, 2000). Hawton, Fagg, and Simkin (1996) found that the reports from adolescent suicide attempters showed that 37% listed difficulties with friends as the main precursor to their attempts. Similarly, Spirito, Overholser, and Stark (1989) reported that 27% of adolescent suicide attempters cited problems with a boyfriend/girlfriend as the primary precipitating factor to their suicidal behavior. Studies have consistently found higher levels of suicidal ideation in victims of bullying in comparison to those who are nonvictims (Rigby & Slee, 1999; van der Wal, de Wit, & Hirasin, 2003). Other research has found an increased prevalence of suicidal ideation among both victims and bullies (Roland, 2002). For example, Klomek, Marrocco, Kleinman, Schonfeld, and Gould (2006) found that adolescents involved in bullying behavior, either as victims or bullies were at higher risks of depression, and suicidal ideation or attempts. Given the developmental significance of relationships during adolescence, the link between interpersonal difficulties and suicidal behavior is not surprising.

Attachment Relationships

Important links exist between difficulties in family and peer relationships and adolescent suicidality. However, only a few studies have examined the risk of suicide during adolescence from a developmental framework, relating suicidality to current and past attachment relationships with parents and peers.

Looking at the attachment status of suicidal adolescents, Adam, Sheldon-Keller, and West (1996) compared attachment styles of adolescents in psychiatric treatment centers. They found that those with a history of suicidal ideation and behavior were characterized by a preoccupied attachment style and an unresolved-disorganized state-of-mind about attachment experiences. The non-suicidal group in this study, on the other hand, had a predominantly dismissing attachment style. These researchers suggested that an unresolved-disorganized state-of-mind could be a specific risk factor for suicidal ideation and behavior. In a similar study, Lessard and Moretti (1998) used a semi-structured interview to determine the attachment style of two groups of adolescents referred to a mental health facility. Results indicated that youth who were classified as fearful were 6.5 times more likely than youth who were classified as secure or dismissing to endorse suicidal ideation, $X^2(1, n=77) = 13.93, p<0.0002$. Similarly, youth who were classified as preoccupied were 3.8 times more likely than secure or dismissing youth to endorse suicidal ideation, $X^2(1, n=58) = 5.81, p<0.02$. In this study, the greater lethality in methods of contemplated suicide was positively correlated with preoccupied tendencies.

Examining the relationship between a history of suicidal behavior in adolescence and perceived availability of attachment figures, West and associates (1999) found that the failure to achieve security within attachment relationships and high levels of depressive symptomatology differentiated adolescents with a history of suicidal behaviors within a clinical sample. In this study, perceptions of parental attachment figures as unavailable were significantly associated with suicidal behavior among males and females while perceptions of peer support were not. These results suggest empirical support for the continued importance of parental support over and above peer support in adolescence. Similarly, de Jong (1992) found that parental relationships for suicidal adolescents were more significant indicators of difficulties in attachment and individuation than relationships with peers. In this investigation, adolescents who were suicidal reported the lowest security of attachment and the lowest degree of individuation from their parents while similar levels of security of peer attachment and individuation from peers were determined for both suicidal and control subjects.

More recently, Violato and Arato (2004) examined whether early attachment histories differentiated between suicidal and nonsuicidal adolescents. They found that adolescents with insecure attachments, particularly with their mothers, were at an increased risk for suicidality. A stepwise discriminant analysis resulted in a single function (Wilk's Lambda = .235, p<.001) discriminating between suicidal and non suicidal adolescents on attachment variables (canonical *r* =.88). The suicidal adolescents in this study reported perceiving their parents to be more overprotective and less caring than those in the community sample. In addition, the insecurely attached participants generally reported higher levels of psychopathology than community sample adolescents. Similarly, Wright, Briggs, and Behringer (2005) examined suicidality and attachment styles in two groups of adolescents attending a psychotherapy clinic. Their results suggest that suicidal adolescents are likely to be insecurely attached in dismissing and preoccupied ways.

In my master's thesis, a qualitative investigation of the role of attachment relationships in adolescents' experiences of becoming suicidal was conducted (Bostik, 2003; Bostik & Everall, 2006). Adolescents previously suicidal between ages 13 and 19 were interviewed about their experiences with suicidal behavior and their familial and interpersonal relationship histories. Attachment relationships with parents were portrayed as building the groundwork for relational difficulties, negative self-perceptions, and personal inadequacies. Increased risk of suicidal behavior was related to family functioning characterized by lack of emotional attachment, poor communication, and power struggles. Rather than receiving support, guidance and connection, participants experienced little emotional bonding, intimacy and closeness, which left them removed from healthy parent-adolescent interaction. Problems with intimacy and self-disclosure with peers were common and participants derived little support and understanding from their friendships. In seeking acceptance and belonging, participants often reported associating with deviant peer groups which provided some interpersonal connections but lacked the support, closeness, and intimacy to protect against loneliness and alienation. Participants internalized interpersonal difficulties as representing personal inadequacy and low self worth. Unable to rely on family or peer support, loneliness, isolation, and alienation intensified feelings of emptiness, despair, and worthlessness. Overall, results of this study concluded that lack of attachment was attributed to increasing suicidal feelings as participants felt isolated from relationships with others despite a strong desire to feel connected, cared for, valued, heard and validated, and to have a place of belonging. Instead they felt anger, rejection, alienation, loneliness, and withdrawal. Many saw suicide as a way to escape their feelings and their difficulties.

The limited research to date suggests an association between adolescent suicidality and attachment relationships. Adam (1994) proposed that dysfunctional attachments are a common precursor to adolescent suicidal behavior. According to his model, early attachment experiences serve to produce vulnerability to suicidal behavior by their effects on the attachment system which are mediated through internal working models of the self and others. While securely attached adolescents experiencing distress can acknowledge their feelings and turn to supportive and trusted relationships for comfort, those who are insecurely attached perceive themselves as unlovable and distrust the availability of others to fulfill their security needs. As these individuals are unable to successfully meet their needs for attachment security they experience distant interpersonal relationships, feelings of anger and loneliness, and are vulnerable to low self-esteem, anger, depression, helplessness, hopelessness, and an elevated risk of suicidal behavior. Adam (1994) also suggests that protective factors may move an adolescent to more resilient functioning and away from the path toward suicide. He indicates that because attachments are not stable and can be changed depending on the circumstance, adequate parenting or the development of a secure attachment can compensate for prior insecurity and lead an individual away from the option of suicide.

Protective Factors and Resiliency

While researchers have discussed and investigated the various factors associated with increased risk of suicidality among adolescents, there has been much less emphasis and research on protective factors. However, a growing body of literature (Everall, Altrows, & Paulson, 2006; Fergusson et al., 2003; Resnick, 2000) has suggested that looking at resilience and protective factors in adolescent suicidality could be more informative than continuing to study risk and vulnerability. Placing the emphasis on assets, strengths, and resources, as opposed to focusing on pathology and dysfunction, allows for hope, empowerment, and healing.

Recent research using a resilience framework has shown that perceived support and connections from family and friends serves to foster resiliency and adaptive functioning among adolescents and protect the individual against suicidal thoughts and behaviors (Fergusson & Horwood, 2003; Pharris, Resnick, & Blum, 1997; Tusaie et al., 2007). A large scale study of 12,118 American adolescents found that parent-family connectedness and perceived school connectedness protected adolescents against emotional distress, suicidal thoughts and behaviors, violence, cigarette use, alcohol use, marijuana use, and young age of first sexual experience (Resnick, et al., 1997; Springer, Parcel, Baumler & Ross, 2006). Kidd and associates (2006) found that parent relationships consistently protected adolescents from committing suicide. This study also reported that supportive social relationships with peers, parents, and school personnel had an interactive relationship in mitigating risk for suicide attempts in boys who had a history of suicide attempts as well as poor peer relationships. In a sample of potential high school drop outs, adolescents perceptions of support for school, having someone available to help with feelings of depression and thoughts of suicide, as well as perceived parental involvement and interest in school and friends differentiated those at highest risk for suicide from those at no risk (Randell et al., 2006). Similarly, Pharris and associates (1997) found that the absence of suicidal ideation and attempts among native-American adolescents was associated with family attention, perceived parental and adult caring, and the belief that school officials cared. Family cohesion in nonintact families has also been found to significantly offset the effects of stress, lowering fivefold the probability of suicidality (Rubenstein, Halton, Kasten, Rubin, & Stechler, 1998). In this study, adolescents whose families were emotionally involved, spent time together, and had common interests were significantly less likely to be suicidal. Finally, Tusaie and colleges (2007) determined that among a sample of rural adolescents, perceived family support was associated with higher levels of psychosocial resilience and as psychosocial resilience increased, the level of depression, number of suicidal attempts, and substance use decreased.

Other relationship factors, such as the experience of social connectedness, have been found to protect against suicidality (Resnick et al., 1997; Rew et al., 2001). Grosz and associates (1995) found that close friendship support could protect by acting as a moderator between life stresses and suicide. They suggested that talking about personal difficulties with friends might lessen the impact of personal problems. Similarly, Bearman and Moody (2004) determined that the experience of being part of a tightly knit school group strongly reduced the likelihood of suicide attempts. Additionally, the protective value of spirituality against suicidality among youth has also been documented (Hilton, Fellingham, & Lyon, 2002). Greening and Stroppelbein (2002) found that the effect of depression on perceived suicide risk was moderated by the adolescent's degree of religious orthodoxy. These researchers theorized that adolescents with internalized religious beliefs were committed to core, life-saving beliefs and therefore less likely to view suicide as a viable option to coping with problems.

The results of research on protective factors are consistent with the view that the formation of strong attachments can lead to resiliency during adolescence (Fergusson & Horwood, 2003). The experience of unconditional love and support from parents and friends could allow adolescents to perceive their essential worth as human beings (Field et al., 2001). This internalized experience of secure attachment may protect adolescents from suicidal ideation and behavior and enable them to cope with stressful thoughts and feelings that would otherwise threaten their sense of competency and self-worth.

Treatment and Healing

The literature suggests that interpersonal factors that foster resiliency, such as experiences of care, support, and connection, can serve to protect against suicide attempts and facilitate the process of healing. However, studies directly examining the function of interpersonal factors in the healing experiences of suicidal adolescents have been limited.

Research looking at treatment approaches have suggested that feelings of connectedness and closeness that result from supportive contact with other people or helping professionals could be important in healing from suicidality and preventing future suicide risk. In a qualitative study which interviewed previously suicidal adults, Hoover and Paulson (1999) found that the formation of supportive connections with individuals who listened and respected the participants' experiences began a process of personal reconnection and healing. Research examining the psychotherapy experiences of suicidal adolescents in particular found that relationship factors that were reflective of understanding, acceptance, and respect were reported by suicidal adolescents to be helpful experiences in psychotherapy (Paulson & Everall, 2003).

In a study that examined follow-up treatment after hospital discharge, Motto and Bostrom (2001) hypothesized that the feeling of connectedness resulting from long-term contact with helping professionals could reduce suicide risk. They found that patients previously hospitalized for depression or suicidality who received follow-up letters of concern and support four times a year over a five-year period had a significantly lower suicide rate in comparison to a similar group which had no follow-up contact. In addition, research examining the practices of nurses caring for suicidal patients has found that providing connection through a relationship which conveys genuine acceptance, understanding, and tolerance for the suicidal individual serves as a powerful intervention in treating this population (Cutcliffe & Barker, 2002).

The strong link between adolescent suicidality and numerous family factors suggests the opportunity for family therapy to serve as an important means of clinical work with this population. Although problems in the family are often associated with both the onset and recurrence of adolescent suicidality, the family also provides a significant area for intervention because of its power to generate increased caring, empathy, and support for the suicidal individual (Spirito, 1997). The ongoing availability of family members puts them in a critical position to support their teens, encourage resilient behavior, and help them develop healthy strategies for dealing with stress (McLean & Miller, 2001). Family therapy allows the opportunity to alter system dynamics and address family factors which may be contributing to the suicidal adolescents level of distress (Overholser & Spirito, 2003). Research has shown that programs for adolescent suicide attempters which incorporate family members in order to establish a positive family atmosphere, learn family problem solving skills, enhance coping skills and improve negotiation techniques, have been effective in reducing symptom level in adolescents (Piacentini, Rotheram-Borus, & Cantwell, 1995).

While research suggests that interpersonal relationships can play an important role in the healing process, the means by which relationship factors act to reduce suicidal feelings is poorly understood. It has been suggested that social support could compensate for the potentially negative effects of life stresses

(Rubenstein et al., 1998) and combat feelings of isolation (Palmer, 2001) which could otherwise allow suicide to seem as a viable option. The presence of supportive connections has also been hypothesized to increase adolescents' willingness to seek and receive help for difficult emotions which could otherwise precipitate the development of suicidal ideation (Swahn & Potter, 2001). Despite these suggestions, existing research has failed to investigate interpersonal processes more fully. The use of an attachment perspective to examine interpersonal process could reveal new aspects of this mechanism that to date have been poorly understood.

Rationale for the Study

Considering the seriousness of adolescent suicide, greater understanding of how to help adolescents through the process of healing is needed. The literature on treatment for suicidal behavior or how adolescents heal from being suicidal is clearly underdeveloped and few studies have expanded our knowledge in this area. The majority of studies to date have been quantitative in nature, which reduce this intricate and complex phenomenon to a series of specific questions, thereby limiting the researcher's ability to understand the individual's experience. Quantitative research in the past decade has focused on assessing risk factors and correlating suicidality with demographic variables and psychiatric categories, reducing the experience at the expense of gaining true understanding (Shneidman, 1993). Overall, the research carried out thus far has failed to develop a model of adolescent suicidality, focusing mainly on issues of prediction and crisis intervention. Little evidence exists to indicate that this research has helped to reduce suicide rates, improved predictive efficacy, or lead to an increased understanding of suicidal individuals (Rogers, 2001).

Empirical research and theoretical formulations affirm that secure attachments during adolescence serve to protect against suicidal ideation and behavior and foster resiliency and healing. However, little is known about the impact of attachment relationships on suicidal adolescents' experiences of healing. A gap exists in the adolescent suicidality literature whereby few researchers have incorporated attachment theory into their investigations. The investigation of attachment factors could serve as a means for improved understanding of the role of relationship factors in the process involved in overcoming suicidality. Current studies of attachment have failed to gain multidimensional information about actual social interactions. Instead, they have focused on correlating attachment styles with abstract and general measures of interpersonal relationships and behavior (Tidwell, Reis, & Shaver, 1996). Recently, the need to explore the complexities of attachment through qualitative methodologies has been proposed (Ducharme, Doyle, & Markiewicz, 2002; Pelling & Arvay-Buchanan, 2004). Investigating the foundation of attachment through qualitative methods provides the opportunity to develop new ways of describing and assessing attachment relationships. It also allows for the identification of attachment issues specific to suicidal adolescents. Understanding the role of attachment in adolescent experiences of healing from being suicidal may allow for a more complete theoretical and clinical conceptualization of treating suicidal behavior.

Similarly, in recognition of the multifaceted nature of the suicidal process, recent research methods have moved beyond the traditional objective position to include a qualitative approach that recognizes the importance, complexity, and depth of people's experiences (Everall, 2000). Recent investigators have stressed the urgent need for qualitative research to provide increased understanding of the experiences of suicidal adolescents (Cutcliffe, 2003; Cutcliffe, Joyce, & Cummins, 2004). The state of knowledge about the healing process of suicidal adolescents lacks a rich description from the perspective of the adolescents. Therefore, exploring adolescents' experiences of healing through qualitative methods may provide a more thorough understanding of the process involved.

To address the deficiencies in the literature, this research moves beyond the traditional stance to include a qualitative approach. This research is unique in that it will investigate youth perceptions of their attachment and suicidal experiences rather than relying solely on adult or observer generated perspectives. The purpose of this investigation is to examine how adolescents who have overcome suicidal thoughts, feelings, and behaviors perceive the role of attachment relationships in the process of overcoming suicidality. This study aims to better understand the experiences of previously suicidal adolescents, their self-perceptions, their ability to explain their resilience, and their views of how interpersonal relationships fostered resilient functioning. The objectives of this study were to: (1) explore the previously suicidal adolescent's process of healing from an attachment perspective, (2) examine how adolescents perceive attachment to foster their resiliency, and (3) identify the implications of this research for prevention of suicide and facilitation of healing. This study will identify common themes in answer to the questions: How do adolescents who were suicidal view the role of attachment relationships in the process of healing from being suicidal? How do they perceive attachment to foster their resiliency?

Chapter Three

Methodology

Research Design

In order to obtain a deeper understanding of attachment relationships in adolescents' process of overcoming suicidality, a qualitative grounded theory approach (Glaser, 1978; 1992) was chosen for this study. Through an inductive examination of data, grounded theory aims to both describe and explain subject areas that may be difficult to access using traditional research methods. Grounded theory is well suited for reflecting the realities of an individual's process of suicidality because the approach serves to create theory that is intimately linked to the reality of the individuals studied. Through a process of constant comparison and reduction, this method allows for the development of theory grounded from well-defined concepts that emerge directly from the phenomena under investigation. Grounded theory procedures yield dense conceptual analyses of empirical problems as levels of abstraction are built directly from the data and are supported and refined by subsequent data collection (Charmaz, 1995).

There are many advantages to using a grounded theory approach for the study of adolescent suicidal behavior. First, this method of research has not been widely used to study this area as researchers have instead focused on quantitative measures (Cutcliffe, 2003). Grounded theory is particularly useful for investigating social and psychological processes in areas where little is known. Second, the coding methods of grounded theory are well adapted to the discovery of process and change over time. Therefore, it is a method well suited for studying suicidality which has been conceptualized as a continuous process (van Herrigen, 2001). In this study, grounded theory was used to capture understanding of the suicidal adolescents progression through the process of overcoming. Third, an understanding of participants' viewpoints and a perception of their reality has been identified as missing in suicide research (Shneidman, 1987). The use of the grounded theory approach in this study provides a voice for the participants and an opportunity to integrate their experiences of healing into theory that is grounded in their perceptions of reality. Fourth, it is important that new research in this area contribute more depth and understanding to the current unidimentional knowledge base. While quantitative research typically reduces a phenomenon to a single area for investigation, grounded theory is a method of holistic study which lends itself well to exploring the multifaceted nature of suicide. Finally, grounded theory has the additional advantage of being an analytical method widely adopted by researchers due to explicitly outlined guidelines and a large body of published exemplars.

Sampling

In order for concepts and categories to emerge during data analysis, specific data sources were sampled during the course of this research. The selection of an appropriate sample is critical in qualitative research and the quality of the results is dependent upon the suitability and adequacy of the sample (Morse, 1991). It is vital that informants are experts on the topic by virtue of their knowledge, involvement, and/or experience. Participants were selected based on their experiences with suicidal thoughts, feelings, and/or behaviors. Participants were chosen according to their knowledge or experience related to the emerging theory. This sample was not intended to be representative of the general population but rather of those who had experienced adolescent suicidality. Those who participated in this study constituted a purposive sample of individuals who had first-had experience with suicidal thoughts, feelings, and behaviors, who were no longer suicidal but were suicidal during adolescence and who wished to share their experiences.

Selection of Participants

Selection criteria for participants included being:

1. Suicidal between the ages of 13 and 19;
2. Between the ages of 15 and 22 at the time of the interview;

3. Free of suicidal thoughts and feelings for a minimum of six months prior to being interviewed;
4. Suicidal within the past three years; and
5. Willing to engage in research.

Only those who were suicidal between ages 13 and 19 were included in this study as the focus of this research was on the developmental period of adolescence. Although the ages of adolescence can vary between individuals and cultures, in North America it is generally defined as beginning around age 13 and ending around age 19. In order to allow for as accurate reporting as possible, only those participants who had been suicidal within a three year time period were included in the sample. Care was taken to ensure that no participants were actively suicidal at the time of the interview. Participants were screened by telephone interview and only those who were no longer suicidal nor had been for a period of at least six months were included in the sample. Six months was chosen as a reasonable time period for individuals to have completely overcome suicidal thinking and served to reduce the chances of participants experiencing distress as a result of the interview process.

Participants were recruited for involvement through advertisements placed within local newspapers and posters displayed in public areas. Advertisements for participants were placed within the municipal areas of Edmonton, Alberta, and Saskatoon, Saskatchewan. During the time that advertising took place, a total of 12 potential participants contacted the researcher expressing their interest in participating in the study. Of these, ten participants were included in the study. One individual was excluded from participation due to active suicidal ideation and a second did not appear for the scheduled interview or respond to a follow-up request for rescheduling. Recruitment took place following the principles of theoretical sampling (Glaser, 1978), whereby the investigator sought to fill emerging categories and data collection continued until the point of saturation was reached. Participant interviews were conducted between October 2005 and March 2006.

Of the ten participants interviewed for the study, all were between the ages of 18 and 22 years at the time of the interview and the mean age was 20.5 years. Eight participants were female and two were male. All reported suicidal thoughts, feelings and behaviours between the ages of 13 and 19 with a mean duration of suicidality of 4.5 years. The sample included various levels of distress and severity: six reported a history of suicidal ideation and four reported suicidal behaviour. Of those with a history of suicidal behaviour, one reported a single suicide attempt and three were multiple attempters.

The ethnic background of the participants included nine Caucasians and one Asian. The educational level included two who had achieved a high school diploma and eight who were enrolled in post-secondary education. Of the participants, six reported growing up in rural areas including farms and small towns while four were raised in large urban centres. Four of the ten participants described themselves as gay, lesbian or bisexual. Three participants stated that they been sexually abused as children by a member of their family.

Data Collection

Permission to conduct this research was granted by the Faculties of Education and Extension Research Ethics Board in May of 2005. Additional ethical approval was obtained from the University of Saskatchewan Behavioural Sciences Research Ethics Board in January of 2006.

Individuals who were interested in participating in the study contacted the researcher directly by telephone or e-mail at which time a brief interview was conducted to inform individuals about the nature and purpose of the research study and to determine if they fit the criteria for participation. Potential participants who were considered appropriate candidates were then informed of the time requirements and extent of their involvement. Once candidates agreed to participate in the study, a mutually convenient interview time was scheduled.

During the brief telephone interview and subsequent face-to-face interview, participants were informed that the interview would be digitally recorded and later transcribed at which point all identifying information would be removed from the interview transcript. The nature and purpose of the research was reviewed verbally and in written form with each participant. Each participant received a written explanation of the purpose of the study (Appendix A). Prior to obtaining written consent, any and all questions were answered. Participants were informed of their rights in participation and in confidentiality. All were informed of their right to withdraw from the study at any time during the interview or to request to have their data removed from the study at any time following without penalty. Participants were advised of the minimal risk of discomfort in remembering painful experiences. If discomfort occurred, the interviewer was prepared to discuss the discomfort immediately with the participant, support the individual as required, and provide appropriate referrals. Participants were informed in the initial study description presentation that if additional assistance was needed a confidential referral would be made by the interviewer.

Prior to the start of the interview, willing participants signed a consent form (Appendix B) indicating that they understood the nature and purpose of the study, that all relevant questions regarding the research had been answered and that they were willing to participate. Separate consent forms were used for participants recruited from the University of Saskatchewan as required by the University of Saskatchewan Behavioural Sciences Research Ethics Board (Appendix C). After obtaining written informed consent, participants were asked to complete a Demographic Information form (Appendix D).

Individual in-depth semi structured interviews were then conducted with each participant to explore his or her experience of overcoming suicidal thoughts and feelings. Care was taken to establish rapport between the interviewer and participants and to create an environment of warmth, acceptance, comfort and safety. At the onset of the interview, participants were encouraged to relate their story as fully as possible with minimal direction from the researcher. The interviewer focused the interview with open-ended questions asked in a non-judging and encouraging manner. Participants were encouraged to think about their experiences, take their time in answering questions, and describe their experiences as fully as possible. The interviewer responded to the participants' disclosures with active listening and paraphrasing to facilitate communication and check understanding. Interview questions were based on the General Interview Guide (Appendix E). Interview questions were modified and added to address any new issues raised by the participants. Data collection took place until the emerging categories achieved saturation. All interviews were digitally recorded and transcribed verbatim into text by the researcher. Interviews occurred in a single session and were approximately 90 to 150 minutes in length.

Signed consent forms and any identifying information on the participants were stored separately from the data in order to ensure the anonymity of the participants. Participants' rights to confidentiality and anonymity were protected through the use of pseudonyms and alteration of any identifying information. Additionally, any identifying features of individual circumstances were altered in the written presented results obtained from the study. Original interview recordings were destroyed following the verification of the transcription. All data used in this study are stored by the primary researcher in a locked cabinet.

Data Analysis

Before the start of data analysis the interviews were transcribed verbatim and all identifying information about participants was altered or excluded to protect participants' anonymity. Following the initial transcription the accuracy of the transcript was verified by a thorough comparison of the recorded interview and the written transcript. The participants' reports of their experiences of overcoming suicidal thoughts and feeling were then analyzed qualitatively using the grounded theory approach (Glaser, 1978; Glaser & Strauss, 1967) according to the analytic technique developed by Rennie and his colleagues (Rennie, 1996; Rennie, 1992; Rennie, Phillips & Quartaro, 1988). No specific qualitative analysis software was used in the data analysis. Instead, the researcher sorted statements and themes using Microsoft Excel spreadsheets.

Initially, interview transcripts were read several times in their entirety to capture the full content of the participants' narratives. All excerpts within the interviews related to the individuals' experiences with attachment and healing were then highlighted and transferred into a separate document. These segments were then reduced to blocks of text known as meaning units. Each meaning unit reflected important concepts conveyed by participants. Meaning units were summarized into single-sentence property statements that closely reflected the language of the participant.

Next, property statements were sorted into descriptive categories representing participants' distinct thoughts and ideas. Descriptive categories were organized into a separate document and the interview in which the category was found was recorded. Connections between descriptive categories were explored to ensure that those with similar content were equivalently labeled. If an analytic unit was distinct from the existing descriptive categories, another category was created to accommodate it. Relationships and patterns amongst descriptive categories were developed using the constant comparative method which identified and linked descriptive categories into higher order categories representing related ideas. During the analysis, the meanings of all categories were compared and contrasted both within and across cases.

Following the thorough exploration of all patterns and linkages between categories, main and core categories were developed. Core categories became central to the hierarchical structure of the thematic analysis. Following completion of the data analysis procedure there were a total of 1956 property statements, 60 descriptive sub-main categories, 14 main categories and 5 core categories in all. A complete listing of the core, main, and sub-main categories is presented in Appendix F with enumeration indicating the number of participants that endorsed each category.

Throughout the process of data analysis, reflections, and ideas were recorded as memos to track important ideas and hypotheses. Following the principles of grounded theory, data analysis was carried out concurrently with data collection. The data gathering processes took place until theoretical saturation of the data was obtained.

Rigor

As in all scientific inquiry, qualitative studies require that adequacy and rigor be demonstrated thought credibility (validity), dependability (reliability), and confirmability (objectivity). Credibility in qualitative research refers to the confidence in the truth or validity of the research findings for the study participants within the context of the inquiry (Lincoln & Guba, 1985). Throughout the course of the investigation efforts were made to enhance the overall credibility of results. Through the use of semi-structured interviews the interviewer attempted to elicit accurate information and rich description from the participants. Care was taken to establish good rapport and trust throughout the interview process. Before each interview was analyzed, the accuracy of the transcription was verified. Within each individual interview, triangulation was used to evaluate the accuracy and consistency of the participant's reports. Although only single sources of information were used for this study and external criteria were unavailable to validate individual truths, the constant comparative method of data analysis enhances the credibility of individual accounts by demonstrating that different participants articulate similar themes (Glaser, 1992). Credibility is further conveyed through the use of direct, illustrative quotations from participant interviews which allow the reader to judge credibility independently and conduct his or her own assessment of the results and conclusions (Glaser & Strauss, 1967).

Throughout the course of the investigation measures were taken to enhance the dependability of the results. Dependability or stability of data is established when subsequent researchers obtain similar results when following the same procedure with a comparable sample. In qualitative research reliability is improved when clear and detailed descriptions of participants, procedures, and context are followed. Throughout this study consistent interviewing and data analysis procedures were used with all participants. The research methods were clearly described. All records resulting from this study, including raw data, data analysis, coding, and memos were kept.

During this study, attempts were made to ensure confirmability through bracketing of the researcher's personal assumptions, values, beliefs, biases, and ideas. In order to make the researcher's implicit personal knowledge and assumptions explicit, I kept a journal for rigorous self-reflection throughout the course of the study. Identification and careful reflection on my personal perspectives served to separate them from those of the participants and reduce the risk of projecting bias onto the interpretation of the participant's experiences. Enhanced awareness of researcher bias has been suggested to improve credibility through increased vigilance about the possible consequences of this bias on the research findings (van Manen, 1990). In addition, the journal held a documented account of the process involved in the study and tracked shifts and changes in my thinking. Despite the use of bracketing it is possible that my personal assumptions and values influenced the data to some extent. While I intended to remain as close to the data as possible and to accurately describe the participants' experiences, the interpretations given to the data are rooted in my own assumptions and understandings about life.

Chapter Four

Introduction to Participants

Ten participants who were willing to share their experience of overcoming suicidal thoughts and feelings during adolescence were interviewed. Interviews began by allowing participants the opportunity to articulate their stories of becoming suicidal and discuss their experiences dealing with suicidal feelings. While this component of the interviews is minimally included in the Results Chapter, it provided the interviewer with a basic understanding of the context in which participants' experiences took place and allowed participants the opportunity to begin their stories at whatever place in their life they felt was most appropriate. The interviews later shifted to explore participants' experiences of healing from suicidal feelings and behaviors, and participants were given the freedom to discuss their stories as they felt they could best be described. Individuals were subsequently asked direct questions to focus the content on emerging themes.

The following biographies serve to briefly illustrate participants' complete experiences and provide the reader with a contextual understanding of the circumstances in which participants' stories took place. Pseudonyms were assigned to the participants to protect their identities. When necessary, personal details have been slightly altered to protect these individuals' privacy.

Rebecca

Rebecca is a 21-year-old, single, university student. She was born and raised in a small rural community along with an older sister and younger brother. Rebecca's home life during her late childhood and early adolescent years was characterized by chaos and extreme discord between her parents. Her father used drugs and alcohol heavily and was verbally and emotionally abusive to all family members. Her mother was unhappy, irritable, and unpredictable. She reported living in constant fear, hating her living situation and feeling that she had little control over any aspect of her life circumstances.

Rebecca's experiences at school were also difficult. She felt as though she was an outsider and had very few friendships. She closed herself off to letting anyone get to know her. Feelings of depression, low self-worth, anger and self-loathing dominated her emotional experience. She felt unloved and horribly lonely. Between ages 13 and 16 she thought of suicide often and fantasized about slitting her wrists. Rebecca kept these feelings hidden for the most part but often wrote dark poetry describing her inner experience.

When Rebecca was 16, her mother left her father and her parents divorced. It was during this time that Rebecca grew closer to her mother as the two talked more often and spent positive time together. Rebecca also connected with a girl at school who became her first best friend. The girls spent a lot of time together and Rebecca became close to her friend's father who she saw as a father-figure. Soon after, Rebecca got a part-time job and joined several extra-curricular activities in the community. Her relationship with her siblings improved and she found she felt closer to them and talked to them more often. Rebecca gradually saw her father less often and eventually accepted that she did not want him to have any part in her life.

After high school Rebecca moved to a large municipality to attend university. She developed a close relationship with a boyfriend and was successful living on her own and taking care of herself. She developed a more active social life and began to open herself up to connecting with others. Healthy relationships helped to build Rebecca's self-confidence and she began to feel that she was a worthwhile person. Through opportunities to experience independence, she started to feel she had control over her life circumstances and made positive choices to make her life a happy one. Rebecca no longer experiences depression or suicidal thoughts and has come to a point where she loves her life. She feels she is a stronger person for having overcome her negative emotions and difficult family situation.

Sue

Sue is a 21-year-old university student. She grew up on a farm with her parents and two siblings. During her adolescent years Sue felt depressed much of the time. She did not enjoy life, withdrew from others, was hard on herself, and found that nothing was able to make her happy. Sue also felt she was very different. She was a "jock" who was unpopular at school, had few friends and was ignored by her peers. For many years she questioned her sexuality and at age 15 she began to identify herself as being bisexual. Unfortunately, her sexual orientation was poorly accepted by her father and by others in her rural community. Despite having a good relationship with her father in childhood, he withdrew from her in favor of spending more time with her brother.

Sue felt as though she was a disappointment to her family. She viewed herself as being a pathetic, weak person because she could not cope with her depression. She attempted suicide at ages 13, 15, and 17. Each time her mother discovered her, took her to the hospital and then covered up the incident. No one talked about the suicide attempts. She felt her mother did not know what to do to help her and that her father simply ignored her problems and hoped they would go away. Sue had numerous encounters with counsellors who she found unhelpful. Sue dealt with her feelings by involvement in sports and running, spending time with her dog, and talking to a friend who was also depressed and suicidal.

When Sue finished high school she moved to a mid-sized city to attend university. During this time she met many new people and found she fit in better. She made several close relationships. She also got involved in the gay equality movement and began working with various charities. She felt that these commitments gave her responsibilities and a reason to keep going. She saw that her life previously had been useless and made efforts to make her life more meaningful though involvement with causes and helping other people. She also investigated various religious groups and developed an interest in a specific religion, which she eventually joined. She began to feel good about herself, especially when friends began to lean on her. Gradually her sense of confidence and worth improved. In particular, she began to see some of her strengths and felt like a stronger more competent person. Sue no longer experiences suicidal thoughts and has resolved to never attempt suicide again. She is now actively involved in working to create her own happiness and make her life more meaningful.

Katie

Katie is an 18-year-old, single, university student who grew up in a small rural community along with two sisters. When Katie was three years old her father sexually molested her. Although her mother subsequently left her father, Katie was forced to continue seeing her father until she was 12. He was emotionally and verbally abusive towards her and she found him to be scary, cruel, manipulative, and cold.

During her adolescent years Katie had difficulties in her relationship with her mother. She perceived her mother to prefer her siblings to her and felt uncared for by her mother. Additionally, she was chronically victimized and bullied by peers and teachers at her school. She had no friends and felt hopeless, unloved and deeply alone. Katie thought she had no control over her life and felt she was surrounded by and dependent on evil people. She was depressed and suicidal between the ages of 13 and 16. She coped with her suicidal feelings by listening to dark music, writing dark poetry, and writing suicide notes.

Katie kept her difficult emotions hidden from everyone around her until she experienced a “mental breakdown” at age 16 and talked to her mother about how she was feeling. Her mother took Katie to a physician who put her on antidepressant medication. Katie was also sent to see a counsellor who she found helpful. She indicated the counsellor understood her and helped her learn to cope and resolve issues related to her father. Katie’s mother also brought the bullying to the attention of the school principal, which resulted in some improvements at school. With these changes Katie began to feel more positive and hopeful about the future. She saw that her mother was supportive and caring and their relationship improved and became closer. Katie also began to think less negatively and more realistically about herself and started to accept herself for who she was instead of trying to fit in with the group.

When Katie was 17 she developed a close friendship for the first time with a girl who moved to her school. This friendship helped her to learn to open up to others and begin trusting again. Following grade 12, Katie moved to a mid-sized Canadian city to attend university. She felt empowered to take charge of her own life. The move further strengthened her resolve to make positive changes. She met new people and found she could fit in with other people. Katie no longer experiences depression or suicidal ideation. She feels closer to friends and family than ever before. She feels she can express her true self to others and be accepted for who she is. She is optimistic about creating a happy future.

Brie

Brie is a 21-year-old university student who grew up in a small municipality. She struggled with anxiety, depression, and suicidal thoughts between ages 12 to 16 and later again at age 19. In her early adolescence Brie felt like a social outcast at school and had few friends. She was a quiet and withdrawn person who spent most of her time by herself feeling different and alone. Brie also had difficult relationships with her parents: her father was withdrawn and uninvolved in her life and her mother was extremely judgmental and critical. Brie struggled to cope with incapacitating anxiety attacks but felt unsupported and thought her parents did not take her anxiety and depression seriously. Brie coped with her difficult emotions by listening to music and writing her feelings in a diary.

When Brie was 16 she asked an older family friend for help. This individual took Brie to see a doctor who put her on medication, which she found helpful. As her anxiety became more manageable Brie made a few friends at school and became more outgoing. When she came out during high school as lesbian she found the community and her parents to be unsupportive and judgmental. She sought solace in a best friend who was accepting of Brie's sexuality and who provided her with encouragement and support.

Following high school Brie moved to a mid-sized municipality to attend university. This move was a positive experience for Brie as she met many people that were similar to her and with whom she felt an increased sense of acceptance. Brie soon entered into her first romantic relationship during which time she developed an active social network and began to feel good about herself. Unfortunately this relationship ended suddenly and Brie also experienced the loss of her social connections and her sense of acceptance. She impulsively attempted suicide soon after. Following the suicide attempt Brie thought about her cat and felt her cat needed her to be there to take care of her. She resolved to make positive changes to take back her sense of control and empowerment. She began volunteering with numerous worthwhile causes and helping the less fortunate. She got involved in a sport, which she felt successful at. She made many new friends who helped her feel cared for, and she developed a closer relationship with her grandmother who was very supportive and accepting of her. Brie no longer struggles with depression or suicidal thinking. She feels comfortable with herself, less self-conscious, and more confident.

Herminie

Herminie is a 22-year-old, employed, high school graduate in a long-term relationship. She grew up in a large municipality with her parents and three younger siblings. Herminie was severely bullied by her peers throughout her childhood and early adolescence. She was constantly put down by others who taunted her about her appearance and made her feel ugly and defective. She had no friends and felt that nobody liked her or cared about her. She also had some academic difficulties in school and felt that she was stupid. Despite having a good relationship with her mother, home life was difficult because of her father's excessive criticism. Her parents fought constantly and Herminie found being at home to be stressful. During her early adolescent years Herminie felt angry, depressed, and thought of suicide daily. She had a negative attitude towards herself and saw life as being hopeless and out of her control. Herminie coped with negative emotions and suicide thoughts through journaling, music and prayer. Talking to God was particularly important for Herminie because she felt less alone and more supported.

When Herminie was 16 her parents divorced and she and her mother and siblings moved to a small town where Herminie attended a new school. While she was at this school she began opening up to peers and connecting more with others. At her mother's urging Herminie also took modeling classes which helped her gain self-confidence and begin to feel better about her appearance. Her family subsequently moved back to the large municipality where Herminie attended a liberal arts high school. During high school Herminie became more approachable and outgoing and found a group of friends with whom she felt she belonged. She felt her friends where supportive and accepting and that they encouraged her to open up and be herself. Herminie's mother was also supportive of her and consistently encouraged her to focus on developing her strengths. Herminie's sense of self-confidence and esteem gradually increased.

When Herminie was 19 she became depressed and suicidal for a month following the break up of a long-term relationship. During this time she returned to some of her previously held negative self-perceptions. In the midst of this difficult time she again turned to her faith in God and with God's support she resolved to never think about suicide again. The support of her faith, her family, and her friends renewed her confidence in herself and helped her to feel better about the future. She began to feel that she was a strong person who had good qualities and that life could be worth living. Herminie no longer experiences difficulties with depression or suicidal thinking. She is a happy and positive person who is hopeful about the future and looks forward to making life the best possible. Through her experiences with depression and difficult life circumstances she has learned the value of living.

Julie

Julie is a 19-year-old high school graduate who is in a same-sex relationship. As a child, Julie had a poor relationship with her parents and home life was difficult due to conflict between her parents. When Julie was 9 years old she was sexually molested by an extended family member. When she told her parents about the abuse soon after the incident occurred, they did nothing and the family pretended it had not happened. Julie experienced increasing distress over the abuse and her parents' denial of it. She felt she could not talk to her parents about how she was feeling and that her feelings were not taken seriously by them. Julie experienced additional difficulties at school where she was withdrawn, had few friends, and was often bullied.

When Julie was 14, she experienced posttraumatic stress disorder, panic attacks, paranoid thoughts and feelings of despair, hopelessness, helplessness, guilt and shame. She used cutting and self-mutilation as a way of coping with her overwhelming negative emotions. Julie was put on antidepressant and antipsychotic medication which made her feel worse. She was put into a psychiatric facility for several days which she found to be unhelpful. Julie felt that she was alone and that no one cared about her.

Julie struggled with suicidal thoughts for almost a year. She developed an elaborate suicide plan but did not go through with her plan because a girlfriend introduced her to marijuana which helped her to feel better and gave her a sense of hope. Soon after, Julie began talking with one of her teachers who she felt she could open up to on a personal level. She was able to talk to this teacher about her abuse history and felt she had found someone she could trust. Julie also saw several counsellors; one taught her breathing and visualization strategies which she found helpful.

When Julie went off her medications she found she gradually began to feel better and had more strength. She decided she needed to start living her life for herself and became more proactive in becoming physically and mentally healthy. She made friends at school who accepted her for who she was and who she had fun being around. She got involved in running and exercise and made healthy eating and spending time with nature a priority. She also began writing her thoughts in a journal and trying to be more positive about herself. Today Julie has a positive outlook on life. She believes she is responsible for creating her own happiness. She tries to be the best person she can be to achieve her full worth and potential. Julies continues to try to be healthy and productive and describes herself as a resilient individual.

Jared

Jared is a 21-year-old, Asian, homosexual, university student. Jared was suicidal and deeply depressed between ages 12 to 19. Jared did not get along well with his parents and there was a lot of tension and conflict in his home. Jared feared his father who was physically and emotionally abusive and he perceived his parents to favor his one younger brother. His family did not express any affection or emotion and Jared kept himself closed off from showing them how he was feeling. During his school years Jared was severely bullied by his peers and had difficulty making friends and fitting in. He felt alienated, lonely, depressed and hopeless and often fantasized that suicide was his only way out. He was deeply bothered by his lack of support and felt he had no one he could talk to about how he was feeling. In addition, Jared struggled with feelings of shame about his homosexuality.

Jared coped with his suicidal feelings through the use of writing. Initially he kept a journal, which he wrote in every day. Later, he started an online blog which he used as an outlet to express himself and share himself anonymously. Through his experience of opening up, Jared met people online and received positive feedback from others; he began to feel more comfortable with himself. Jared was also heavily influenced by the work of a vocal artist. He listened to this artist's music and found his own meanings in the lyrics. This helped him better understand what he was going through. The artist served as an important role model for him and helped him to learn about himself and grow as a person. Additionally, he began to play and write his own songs and music. Jared read books on spirituality which he found meaningful and he took an interest in the teachings and philosophy of Buddhism. He found his attitude towards life and himself changed as he grew to become more accepting of who he was. He began to feel more empowered and less victimized and realized that his happiness was in his hands; he had the power to do things to create it.

When Jared was 19 he decided to get away from his parents and the stressful home environment and chose to move out on his own. Following the move, Jared found that his relationship with his parents substantially improved. Around this time he also got involved in his first serious same-sex relationship. Jared began to make an effort to be more proactive in his social interactions and started going out more and meeting people. He found a group of friends who he felt he belonged with and became close to one particular friend who he felt he could open up to and trust. Today Jared likes who he is and feels healthy and happy. He believes is a better and stronger person because of his experiences in the past and how he has overcome his personal difficulties.

Caitlyn

Caitlyn is an 18-year-old university student. She grew up on a farm with her parents and two siblings. As a young child Caitlyn's father worked excessively and was frequently absent from the home. Her mother was physically and emotionally abusive. Caitlyn found she lived in constant fear of her mother and was always anxious and on edge.

When Caitlyn was 16 she was diagnosed with a medical condition and told by doctors she would need to be hospitalized for long periods of time. She was no longer able to continue involvement in physical activities she previously enjoyed. She started having difficulties in school and found she was unable to concentrate or complete her work. Caitlyn struggled with anxiety and depression. Overwhelmed by feelings of unhappiness, Caitlyn withdrew from her friends and believed she was going crazy. She did not share her feelings with anyone and felt alienated and alone. She hated herself because of her appearance and felt hopeless and worthless.

Caitlyn coped with her suicidal feelings by cutting herself and drinking alcohol. She attempted suicide on two occasions. During her second attempt she believed that God intervened to prevent her death. She interpreted this as an indicator that she was not meant to die and that God had a purpose for her. She turned to prayer as a way of coping with her feelings and she gained strength from her relationship with God. She also began writing in a journal which she found helpful.

Following her second failed attempt at suicide Caitlyn resolved to make changes to get back to feeling happy. She began talking to two close friends and opened up to them about how she was feeling. Her friends showed that they understood and cared and that they would be there to support her. She began taking the initiative to do more activities and spend more time with her friends. Caitlyn also developed a closer relationship with her father and began talking with him on a more intimate level. As she felt closer to other people, Caitlyn felt she had reasons for not killing herself and thought about the effect her death would have on those she cared about. Additionally, Caitlyn thought about how she could help to make other people happy and found it meaningful to be involved in volunteer work. By focusing more on others, she became less self-focused and happier with herself. Today Caitlyn no longer has difficulties with depression or suicidal thinking. She has a supportive group of people in her life, a newfound sense of purpose and meaning, and relies on positive coping strategies.

Collin

Collin is a 22-year-old university student. He was raised in a small rural community and was a middle child with four siblings. Collin was suicidal between the ages of 13 and 16. Collin was raised in a family that did not talk about emotions or show affection to one another. During his early teen years, he had a very poor relationship with his father. He secretly discovered that his father was having an affair and felt angry and betrayed. He lost respect for his father because of the affair and acted out against him whenever he could. For several years his parents fought often and home life was tense and uncomfortable. His relationship with his mother and siblings at this time was distant. At school Collin did not feel close to his friends who were a group of teenagers that skipped school frequently and abused drugs and alcohol. Collin felt unhappy and confused by his negative emotions. He thought about suicide often and once nearly attempted. Collin coped with his feelings by spending time alone and listening to loud music.

Gradually Collin developed a close relationship with a group of friends who were popular, intelligent, and athletic. He began talking more openly about himself and his experiences and found his friends to be very supportive and accepting of him. Collin found his peer group gave him a reason to be excited about life. He gained confidence in himself and felt he was a valuable person when he saw that he could be open with other people and be a well-liked person. He was able to depend on his peers to be there for him and trusted them to support him unconditionally.

In his later teen years Collin's relationship with his siblings dramatically improved. His siblings would often choose him to turn to when they needed help or support, and he felt he had an important role in the family. Collin gradually gained the confidence to accept himself and feel like an important person. Today he sees himself as being a strong person who cannot be stopped and who will figure out a way to deal with anything. He is hopeful that the future will bring him success and happiness.

April

April is a 22-year-old university student who grew up with three siblings in a mid-sized city. When April was 13 she recalled being sexually abused by an extended family member. She became very distressed and ashamed about her feelings and did not reveal the abuse until a year later. While her relationship with her mother was good, she felt her father was distant because of his long work hours. She had difficulty making friends and constantly felt rejected by her peers. April felt unhappy, lonely and worthless and felt there was no reason for living.

At age 14 April attempted suicide after the boyfriend she was having a sexual relationship with broke up with her. After the suicide attempt April disclosed her abuse history to her parents who were supportive and took her to see several therapists. April continued to struggle with depression and suicidal thinking. She did very poorly in school and felt she was stupid and a failure. She got involved with a group of deviant peers who abused drugs and alcohol. During this time April stopped caring about herself and used alcohol and drugs heavily. She coped with her negative emotions by cutting and self-mutilation. Eventually she stopped going to school and got into trouble with the law.

When April was 16 her parents put her into a month long drug rehabilitation program and then sent her to live at a rural boarding school to compete her high school education. Once at boarding school, April decided she needed to grow up and not disappoint her parents. She quickly connected with a group of friends who were healthy, success-orientated, and had solid morals and values. She also made a best friend who was caring, supportive and a positive influence. April spent a lot of time with her friends, who not only had fun together, but also supported each other unconditionally. She adopted a healthy lifestyle and no longer used drugs or self-harm to cope. She got involved in extra-curricular activities at the school and excelled academically. April felt an increased sense of worth and confidence through her relationships, successes, and positive changes. She also developed a spiritual connection through a renewed belief in God. Today April feels she loves life and is a better person because of her past experiences. She feels she has developed the inner strength to deal with any of life's challenges in a healthy and positive way.

Chapter Five

Results

> I felt completely alone. I felt no one cared. It didn't matter if I lived or not. I wasn't going to be missed. I felt isolated and betrayed and deeply, deeply hurt. It felt as if I could just slip away into the night and no one would blink, the world would go on, nothing would change. I felt as if I had no control over my life. I was completely surrounded and dependent on evil people. Even the ones I loved I viewed as mean, and they weren't. I felt completely and utterly alone. (Katie)

For the participants in this study, the experience of being suicidal was accompanied by a differing set of circumstances but commonality in the salience of despair, the feeling of loneliness, the perception of hopelessness, and the wish for death. In spite of overwhelming negative emotions and adverse life events, the ten participants interviewed all became active participants in making their lives worth living and becoming resilient, confident, and happy individuals. The themes described here outline a dynamic and multidimensional process in which the development of secure attachment positively impacted participants' actions, beliefs, and self-perceptions. Themes are closely associated such that changes in one area typically resulted in changes in the others. Overwhelmingly, participants described a difficult and strenuous journey of healing characterized by moving from isolation to connection, helplessness to empowerment, pain to joy, and anger to understanding.

Despite the variability in participants' experiences of healing, remarkable similarities emerged. The results have been organized into five core categories: (1) Building Secure Attachments, (2) Opening Up, (3) Achieving Self-Determination, (4) Developing Self-Understanding, and (5) Creating a Life Worth Living. According to the participants' experiences, all five areas appeared to be inter-related and were described as playing a key role in the healing process.

Building Secure Attachments

A salient theme evident in all participants' recollections of their experiences healing from suicidal thoughts and feeling was the development of trusting, warm, emotionally supportive relationships. The creation of secure relationships was described as playing a significant factor in providing a foundation of support and care, which facilitated the process of healing and contributed to future resilience. Two main themes emerged in participants' stories: (1) Establishing Relationships, and (2) Achieving Felt Security. All participants reported the formation of at lease one significant and supportive relationship as central to their process of healing.

Establishing Relationships

For all participants the process of overcoming suicidality was accompanied by the development of new connections and attachment relationships. These connections took on different forms for different individuals: a parent, a sibling, a best friend, a positive peer group, a romantic relationship, an extra-familial close connection, extended family support, belief in spirituality as well as interaction with a family pet. Importantly, attachment relationships provided a secure base for participants through feelings of care, support, and connection.

Parents and Siblings

Participants commonly reported their suicidal ideation to be associated with troubles at home and difficult relationships with parents. However, most described gradual improvements in their associations with family members. After many years of poor parent-teen relationships, participants saw substantial changes in their relationships with one or both parents. These improvements were characterized by less negativity, increased support, and more positive interactions. The tension and stress in the relationship dramatically lifted as parents and teenagers stopped fighting and began paying attention and listening to one another.

For most, an external factor such as their parents' divorce or a move away from home precipitated the improved relationship. In the case of divorce, participants found that not only was there an end to the stress they experienced from the conflict between their parents, but their parents' mood and mental health subsequently improved. Participants found that happier parents were easier to get along with and a lot more enjoyable. Additionally, the divorce often had the effect of increasing the amount of time parents and teenagers spent together because the former spouse was out of the home and no longer received any attention. For example, dinners at home after the divorce now involved the parent and teenager talking together instead of two parents arguing and the teen being ignored. Increased attention showed participants they were important and cared about and helped to develop a greater sense of connection and closeness.

Rebecca, for example, attributed her suicidal feelings to the tension and conflict in her household that resulted from the discord between her parents and the poor relationship she had with her mother and father. After her parents divorced and she moved into a new home with only her mother, Rebecca found that her mother became a happier person and she got along with her much easier. Their relationship improved dramatically and the two spent much more time together:

> My mom and I would chat and watch movies together, it was so much better after everything had blown over. It was wonderful to be home. Now when I get time off work and school to go home and see my mom, it's like, "I get to see mom!" I'm happy about it. I'm excited. It's a huge change. It was incredible the difference. I had no idea that mom's could be happy.... Now, she's the most wonderful person to be around. I can joke around with her; it's a lot more fun. It's really a huge change for the better.

For several, their move away from home precipitated substantial improvements in their relationships with their parents. Spending less time with parents provided participants with a welcomed relief from tension and stress, which served to improve their mood when they were together. Less time together allowed for fewer opportunities for negative interactions and permitted them to see some of the positive aspects of their relationships. Participants also greatly benefited from having a sense of control in the relationship by being able to choose whether or not they wanted to visit parents or talk with them on the telephone. Overall, less time together served to improve the quality of parent-teen relations and allowed participants to appreciate the relationship for its positive characteristics:

> My relationship with my parents is better. I guess since I'm not around them as often when I do see them we have more to talk about and we're more congenial to each other. It's not like we see each other and we're screaming, or we have nothing to say. We actually have stuff to share. I can't say we're close as that we share our intimate feelings and everything, but we are a lot better than it was before. We don't really fight anymore. (Jared)

Participants found that as their relationship with parents improved, home life became less tense due to fewer fights and arguments and increased positive interactions. Some also reported that their relationship with one parent in particular grew and became closer and more intimate. They described increased communication with their parents and more communication at an emotional level. Participants were able to talk more with their parents about what was important to them and open up to share their thoughts and feelings. For some, parents also opened up to them and they benefited by feeling closer and more connected. For example, after being diagnosed with a medical condition, Caitlyn became physically and mentally ill. She described an incident with her father that positively impacted her relationship with him:

> I started attaching myself more to my dad. One of those days when I had one of my attacks, he's like, "Let's go for a drive." He took me out and he told me all his stories. My Dad doesn't cry, he doesn't talk about emotions, but we sat there and cried for like two hours. It was so intense. I learned so many things that I didn't even want to know about my family. I guess him just opening up to me like that and using me like that, I attached myself to him. We both have

> similar experiences in a way. I felt like he was trying to understand me.

As participants developed closer relationships with their parents they described spending more time together. Several spoke of becoming involved in an activity with a parent, which facilitated further growth in their relationship. For some, activities included sports such as soccer, ringette, hockey, or racing. Others spoke of going out for coffee or lunch with a parent or spending more time talking together on the telephone. Participants began to enjoy the time they spent with their parents, found that they had more in common, and gained a greater appreciation for their relationship:

> Mom always made an effort to be in our lives, which is another reason why I think that in spite of everything she was an awesome mom. She did the best she could for us. She made sure that she was there for practice and games and she knew that was really important to us. We did sports together and it was so nice. (Rebecca)

For some, mending of relationships with a parent was strongly associated with changes in the way they viewed their parent or their family situation. While they were suicidal it was difficult to see any of the positive aspects in their relationship and instead they magnified many of the negatives. This negativity led them to believe that their parent was uncaring and unsupportive. Once participants presented with a more balanced perspective, they often saw the positivity, love, and care that they previously overlooked.

In Katie's situation, for example, her depression and hopelessness overshadowed her ways of thinking and darkened her view of herself and her mother. While she was suicidal she believed her mother was unsupportive and preferred her siblings to herself. After she reached a breaking point and asked her mother for help, she was surprised by how helpful and supportive her mother could be. She realized later that her mother had always been loving and caring, but that she had been unable to see her mother's care and had only focused on the negative aspects of the relationship. She reported that her relationship with her mother improved immensely once she was able to look at the relationship from a realistic point of view.

In addition to the significant changes in relationships with parents, nine participants also described improved relationships with siblings. For some, relationships that were previously characterized by aggression and conflict simply became more congenial and pleasant. For others, relationships with siblings grew into an intimate connection which provided care and support. They no longer saw their siblings as someone to compete against or fight with but rather they saw that their siblings had the potential to be close and supportive friends. Most found they talked to each other more often, spent more positive times together, and developed a closer bond. Participants found that their relationships with siblings benefited from having a shared understanding of their history and family which allowed them to feel that their feelings and actions could be well understood. To illustrate, Katie characterized her relationship with her younger sister in the following manner:

> We're both close and we're there to help each other because she's gone through some terrible stuff too. I'm always there for her and she's there for me. We know what each other has gone through. To some extent we can help each other cope.

Overall participants reported a shift from the perception of parents and siblings as adversaries to regarding them as important allies. They devoted more time and effort towards maintaining a positive relationship with family members, increasingly communicated feelings and problems, and reported responses of care, comfort, respect, and support.

Friends, Peer Groups, and Romantic Relationships

All participants reported close friendships as being extremely important during their teenage years. Most spoke of a history of difficulty interacting with peers and feeling alienated, rejected, isolated, and alone. Lack of close friendships contributed to suicidal feelings by perpetuating the perception of the individual as unlovable, unworthy, and misunderstood. Isolation also hindered the participant's ability to receive support and communicate intimately with others. At various points along the process of healing circumstances and participants' readiness and openness allowed them to gain connection with an important friendship.

Close friendships were characterized as being fun and encouraging. Participants spent a lot of time interacting with their close friends and they enjoyed their time together. For most, these relationships were grounded in commonalities. They sought out individuals who appeared similar often because they feared they would be rejected by those who did not understand them. They were excited to find another individual with whom they shared interests, hobbies, and beliefs. Due to common interests and ideas they often participated in clubs or sports together, deepening their relationship. They also spent significant amounts of time involved in enjoyable activities together.

While they were suicidal participants felt their lives were very different than those around them and believed their suicidal feelings were unique to them. However, when they began to connect with peers on a closer level they were surprised to meet someone who had experienced similar life stresses or adversities. Participants felt less alone once they discovered others shared some of their feelings. For example, Katie reported being ostracized by her peers and bullied at school throughout her teenage years. When she was in grade 12 a new girl who had also been bullied moved to her school and they immediately developed a close friendship:

> We are very similar. She's very shy and quiet. We have similar tastes, and she was victim too… I see myself in her. When she came to our town I didn't pick on her where a lot of people did. She's not into alcohol. She's not into drugs. She's not into destroying her life like they are. She wanted to live and to have a brain when she gets old. She's just like me. It was fate.

Participants reported feeling they could be open with their close friends and felt accepted, cared for, and supported. They found they could talk about problems and concerns with one another and felt understood. Because of this closeness and connection, these relationships were described as being the friendships they had always wanted and dreamed of, but had previously been unable to achieve. Jared who had been isolated by peers during junior high and high school gradually began developing close friendships after he entered into University:

> I have one friend who I am pretty close with. I met her through another friend at a party, and she seemed really grounded and interesting. I felt like I could speak with her at one level and I didn't feel like she was acting like she's better than me, nor did I feel like I was intimidating her because that seems to be my relationship with a lot of people. I feel like I could share thing with her. She could share things with me. We could be open with each other. It was a pretty immediate connection. I see her quite a bit now so it's good…I feel I can talk with her about anything.

Participants also commonly described relationships with close friends as being a positive influence. Developing friendships with individuals who were healthy, happy and successful, facilitated the belief that the same was possible for them. Participants learned healthy coping strategies and life habits under the influence of positive peers. For example, although April had a group of friends while she was suicidal, her friends were heavily involved in drug and alcohol abuse, truancy, unlawful behavior, and were a negative influence on her. When April's parents became frustrated by her deviant behavior, she was sent to live at a boarding school. This move turned into a positive change for her as she connected with a best friend who quickly became a positive role model for her:

> I had a great best friend at boarding school that I still have to this day. We connected instantly…. She was a positive influence right away because she was a strong woman and she had good solid moralities within herself. It wasn't just somebody else telling her to be moral. She practiced what she believed.

Several reported not connecting with any specific person, but instead developing a connection with an important peer group. The peer group was comprised of individuals with whom the participant felt safe and comfortable. Within the peer group a close bond developed and peers would rely on each other in difficult times. For example, Herminie described difficulties making friendships throughout junior high. However, once she moved to a liberal arts high school in grade 10 she connected with a peer group who had similar tastes and interests and who she felt she could open up to:

> We mostly just hung out and goofed around. We were all really weird and eccentric. I felt like I could be really open. If I was having a problem, if any of us were having a problem, you could talk to them about it, even really personal things.... If any of us had to vent about some problem that we were having, the other people would always be there. They would make you feel better, be like, "Ok, let's go for a walk," give you a hug, whatever the case may be, buy you an ice cream or something. Try to make you feel a little bit better. I would say I had a really good friendship with those people.

An important quality of the peer group was that it allowed for someone to always be available to the participant when support was needed. A feeling of camaraderie developed as the group coped with different circumstances and challenges together. Collin reported that the peer group he had in high school not only facilitated positive social interaction but also served as a support network with open communication:

> We would just hang out and talk and whatever you were thinking about you talked about it with your group of friends. Everyone was aware of what was going on.... Pretty much that was my support network. Our group of friends actually knows that about each other, we've always been a close group of friends. We faced a lot of difficulties throughout our high school years, like a sister died in a car accident, and we were all so close and supportive in that because with someone else's death you would bond with your group of friends even more because you would be supportive for them for that. I remember we would spend Christmas Eve with our group of friends. We always went out for each other's birthdays and it was a whole group of fifteen or twenty people all the time, that was the support group, that's the way that we stayed strong.

Being a part of a group itself was important. Connecting with a peer group provided a sense of belonging which was previously missing in participants' lives. The sense of belonging brought about increased positive feeling and a development of self worth. As Jared stated:

> I think that one of the things that really hurt me for a long time was that I never really felt like I belonged anywhere. I always felt like I was somehow different from people. And gradually I found I became a little bit more social and I was a little bit closer to people than I had the chance to be before. But it's really in the past nine months or so that I felt like I found a group of people that I could be comfortable around, so that's a relatively recent thing. And I have to say that I feel better now than I ever have in my life. I just feel much more relaxed and healthy these days than ever.

In addition to peers, four individuals spoke of romantic relationships providing an important source of connection. These participants all described a history of negative and/or abusive relationships with significant others while they were suicidal. Romantic relationships emerged later on for participants, after they had experienced developing successful friendships. As these participants became healthier and more positive they connected with other positive people who further facilitated their healing process. Participants gained confidence from being in healthy relationships and opening up to other individuals. April described the boyfriend she had in grade 12 as being a "really good influence." Her relationship opened her up to new, positive experiences:

> It was so nice to just date somebody for dating them because you liked them and you wanted to have fun.... We went on hikes together and he opened me up to that other feeling, I was still out of shape and I hated running and doing any kind of sports or anything, but then we went on hikes and we went on canoe trips and we did these little things like that. We dated post high school for a good while too and he was positive in that way, but he opened me up to new things. He was a positive influence anyways. It was nice to date a very good person.

Similarly, Julie, who had previously been in abusive relationships, described the positive feelings that came from being involved in a healthy relationship with her current partner:

> Being in a healthy relationship, it's the first one I've ever been in and it's amazing. I can be myself and I can be open and I can be honest and she still accepts me and she still loves me and she can do the same. For both of us it's the first time we've ever been in a real, healthy, loving relationship, so it's huge.

In addition to real life friends and peer groups, a few spoke of the importance that online social contacts served. Participants often used the Internet to meet people online through chat rooms, blogs and social networking sites. In meeting online friends, they sought out individuals who were similar to them. They wrote to each other about their lives, talked about their feelings and listened to what their friends were experiencing. Most reported receiving positive feedback on what they were sharing with others. They often met others who were experiencing depression, anxiety, or suicidal ideation and felt less alone:

> I wrote about a lot of my feelings and stuff and I met a lot of people online and I think it was very interesting to have an outlet and to have people to share these things with even if they are faceless people. I think I did get a lot of positive feedback from people from sharing these things. (Jared)

Participants reported that although these relationships were not a substitute for real life friendships, they were often a starting point for participants to experience communicating with others of their own age and making friends. Often, online experiences gave them the confidence they needed to reach out to others and develop real life relationships.

Extra-Familial Adults and Extended Family Members

In addition to peer relationships, some spoke of developing a connection with an extra-familial adult. Important extra-familial individuals included teachers, counsellors, therapists, and the parents of friends. Often, participants developed close, intimate relationships with these individuals. These relationships were characterized by acceptance and open communication which left participants feeling listened to and understood.

Four participants spoke of a significant relationship with a teacher at their school. They stressed the importance of the teacher being approachable. In all cases, these teachers identified that the participants were having difficulty and conveyed to them that they would be there to listen if needed. Participants did not feel they were an inconvenience or taking up their teacher's important time, but instead felt that their presence was valued. Despite some initial hesitation, participants gradually began communicating more openly and greatly appreciated that someone listened to them. After a relationship with the teacher was established, teachers were sought out during lunch hours or after school for conversations about daily events as well as life changes and difficult emotions. They reported that talking with their teachers was meaningful and they saw their teachers as positive role models who inspired them. It was particularly important to participants that teachers understood them, showed that they cared, and were seen to be doing more than "just their jobs." Teachers were regarded as having wisdom and life experience and their ideas and opinions were respected. For example when Katie talked about her relationship with her teacher she stated:

> I think he understood, He started to learn a bit about my past and I think he just understood where I was coming from more than the other teachers. He cared, when a lot of them didn't care, they just were there because they had to be there to get paid.

Julie developed a close connection with a teacher who she would go to talk to about personal issues before and after class. She reported that this teacher reached out to her when changes in her academic performance, mood, and behavior were noticed. Julie felt close enough to her teacher to disclose a history of sexual abuse by a relative and found comfort when her teacher reported having experienced similar abuse in her past as well:

> There was one teacher I talked to and she had been through the same kind of thing that I was going through, and the fact that she understood from a personal level was really helpful.... I told her about the cutting and I'd be honest about when I did it. I trusted her enough to show her my journal and she wrote notes and questions in it.... I think teachers were a huge part of my life. In high school I was closer to my teacher than I was to my peers.... It was always the teachers that I got attached to. I felt I could learn more from them.

Four spoke of the having the opportunity to develop a close relationship with a counsellor, therapist, or health care professional and recalled them as playing an important role in helping them overcome suicidal feelings. Similar qualities were described as being important in a therapist as in a teacher. Participants appreciated feeling listened to and having an open relationship with an adult. It was most important that therapists showed that they cared and conveyed to participants the feeling that they were important and worthwhile. Participants felt they could trust their counsellor and that they would not be rejected or abandoned because of their intimate thoughts and feelings. Sometimes they received advice or learned coping strategies which they found helpful. Overall, the act of listening served to support the adolescent to develop a sense of connection. For example, Caitlyn developed a close relationship with a reflexologist who she credited with helping her heal physically from the symptoms of a medical condition as well as facilitating her psychological healing and emotional growth:

> He was a big part of me changing. He changed a lot of things for me too because he was someone who didn't know anything about me and I would tell him things. He was like "You know I was thinking about you this week" and for one that was like "Wow, ok, that's like so nice of him." He gave me this simple kindness that I thought I totally didn't deserve from anyone at all.... It was just the littlest things. When I got really depressed I would have no energy I'd go to him. He would help me. He was definitely the best counsellor I've ever had, even though he's not even a counsellor, but he's amazing.

Two spoke of close relationships with the families of their best friends. Both sought solace from their dysfunctional home lives by spending time with families that they saw as warm and accepting. These surrogate families allowed them to experience a positive family environment which provided temporary relief from stress and unhappiness. These surrogate families helped participants to feel important and to have a place they could turn to when experiencing tension or difficulty. In particular, Rebecca connected with the father of her best friend and developed a closer relationship with him than with her own father:

> I spent so much time at her place it wasn't even like I lived at home anymore. Her dad was a teacher at the school that we went to and I just started calling him dad.... So it wasn't until grade 9 that I really

> had anybody that I could talk to. They were really awesome. They were a great family. They took me in as their own and let me call him dad. It was nice that way.... They made me feel like I was special, which was really nice. They got really comfortable with me being there, and I was like one of their own kids after a while. It was special.

While for the most part, participants reported being isolated from extended family supports, two participants did describe significant relationships with relatives. Both Rebecca and Brie turned to relatives who were able to provide them with the support that the immediate family could not. In Brie's case, her grandmother was accepting and supportive of her sexual orientation when both her parents were not. As she got older and more open about expressing herself, her relationship with her parents grew apart and she increasingly turned to her grandmother for love and acceptance. Similarly, Rebecca described her aunt as an important "mother figure." In talking about their relationship she stated:

> I knew I could go to her and talk about anything. Sometimes she'd call me and be like, 'Why don't you come over after school and I'll take you out for hot chocolate and we'll just chat and hang out and I'll take you home after." I loved that so much! She was always so fun.... She was more of a friend than an actual aunt. We would just talk. She'd ask how stuff was going and how life was and she knew about the situation between mom and dad and we would talk about that.

For all, positive relationships with adults helped to perpetuate participants' views of themselves as worthy, loveable individuals. Successful relationships not only provided a supportive attachment but also helped participants to replace negative self-perceptions with more healthy and positive views of themselves. Participants were resourceful in seeking out support from a variety of individuals in their lives and making the best of the support available.

Pets

In addition to the relationships participants formed with people in their lives, relationships with pets were reported as being a significant factor in the healing process of six study participants. Participants talked about the important role that their pets played in their lives. Participants reported talking with their pets about problems and feelings. They felt safe to open up to their animal about their feelings without worry of harm or rejection. Their pets served as companions and confidants:

> I had my dog. She and I did a lot of stuff. I would sit down and have a chat with her and tell her all about it, babbling to her about my day and if I was mad at somebody or if something funny happened at school. I'd tell her all about it and then we would go and do something else.... We did a lot of running, we'd run off anywhere, we'd run down the road and make a nest in the snow bank somewhere and we'd just sit there and I'd tell her about it and I'd cry a little bit and when we got cold or bored we'd go home. She was a working dog so we always used to work together too, so I'd go to do chores and she'd come out and help me do chores. (Sue)

In talking about their pets words and descriptions were often used which characterize human beings. Pets were described as being their "best friend", "someone who would always be there", "someone who knows how I am feeling". Participants often enjoyed the sense of warmth, touch, and physical closeness that they experienced with pets through hugging, petting, and cuddling. The act of taking care of an animal and being depended on for food and exercise provided a sense of importance and worth. They also benefited from doing activities with their pets such as going for walks or playing games together. For these participants, pets were able to provide unconditional love and understanding when no person was available:

> I remember when I was depressed I would go up to my dog and say, "No one understands me but you," and just hug her and cry. I remember that to this day, that dog was a huge help. An animal loves unconditionally, there's no substitute for that dog that will just sit there and let you cry, it doesn't ask for anything. I think they are very, very important, everyone should have a dog. (Collin)

Spiritual Connections

Seven of those interviewed spoke of spiritual connection playing an important role in their paths to recovery. A variety of different religious and spiritual faiths and beliefs were discussed, including Christianity, Buddhism, Wicca, Goddess Worship, and Nature Religion. Despite the diversity in spiritual beliefs, all expressed the viewpoint that spiritual growth and the sense of connection to spirituality or a spiritual figure was helpful to them.

Participants spoke of a time during their adolescence where they became increasingly curious in spirituality. Those who were not taught any particular religion growing up talked about becoming interested in learning more about religion. Those who had been brought up according to religious principals spoke of either reconnecting with their religious beliefs or rejecting that religion outright and seeking out one on their own. Participants described a process of searching for a fit whereby they sought out a spiritual philosophy which corresponded with their beliefs and values. This process often took several months to years and involved reading books and websites and talking to friends and teachers. Participants reported gaining awareness of different religions and feeling a sense of comfort and ease once they found a belief system that rang true to them. To illustrate, Sue described her process of seeking out spirituality in the following manner:

> I was raised Christian. I finally got tired of the hypocrisy within the church and I left and spent three or four years roaming around, not really doing anything. I finally fell into Goddess worship. So I left the church at 10 and it was probably 4 or 5 years before I found something to follow… I was just so tired of religions in general that I said, I'm not going to have one, that's fine, I don't really need one. I suppose you don't, but as the years past I poked around a little bit and I found something that matched my beliefs. I kind of fell into it, stumbled across it, that was the way it was.

Once participants committed themselves to a certain faith they described a period growth and awareness which involved a change in attitude and a greater initiative to make improvements. For example, Jared adopted the teachings and beliefs of Buddhism. For him, the teaching he read gave him new ideas and helped him to better understand himself and life in general. He described the increased awareness he gained from Buddhism as being instrumental in helping him change his attitudes, break maladaptive patterns, gain a positive outlook, and adopt a healthy lifestyle:

> It helped me understand a lot about myself and life in general. When I first read Buddhism it just shocked me, how true it was and it helped me speed my growth a lot. It's helped me be more calm. It helped me put things into perspective, and I think it helped me live more consciously. Before everything was just sort of automatic, you just automatically think certain things, act a certain way with people, everything is just automatic as much as you wish things could change. But Buddhism and meditation has helped me be more conscious and that part has definitely helped me to change things in my life. By being more conscious I can realize when I'm thinking certain things, instead of just really buying in, I can take a step back and look at myself thinking and that puts things into perspective. I can start asking questions like, "Can I think this other way?" I think it's helped me change in areas in my life that I wanted to be better.

Several spoke of the strength and support they received from their connection and communication with God. They would go to God with their problems, pray to God about their suicidal feelings, and often ask God for help. What was important was that God was constantly present and unconditionally loving and accepting. Participants reported that, "God was there where no one else was." For participants, spirituality was a comfort which provided reassurance, allowed them to feel more at peace, helped them to be calmer and more at ease and provided a newfound feeling of hope:

> Spirituality was very, very important. We were taught if you have problems then you can go to God with it. So I did and it really helped me out a lot because it was those times when I was alone and where nobody else could talk to me because I was alone that he could step in for me… It just really gives you something to hold on to. Those times when you are by yourself and there's nothing else to distract you from your thoughts or to comfort you or anything. That's the one thing that is always there no matter where you are. That's probably why it was so important, because God was there when nothing else was. I knew that even if nobody else was there, God was there, and I would know that because I just talked to him. So it did make me feel better. I felt less alone. (Herminie)

Several talked about a significant spiritual incident that served to increase their beliefs in God and shift them away from suicidal thinking. For Herminie, it was her intimate communication with God whereby God told her that suicide was "not worth it" and to "move the hand away from the razor". April prayed to God to give her hope by showing her a star fall through the big dipper constellation. After watching the stars for several nights, her wish came true. She stated, "it was like a miracle to me and I felt some renewed hope in that". In Caitlyn's case, she perceived that a divine intervention prevented her from completing a suicide attempt when she tried to jump from her speeding vehicle:

> I really meant to kill myself, I wanted it to be done and I really thought that was the end of it. But then after that, I was like, maybe there is a reason that I'm here. Maybe God has a reason for me, or there is some reason why I am here. So I was like, you know what, I have to try to get myself back.

In addition to the sense of comfort and support gained from establishing a connection with God and the increased self-awareness gained through spiritual insights, several also spoke of the importance of a spiritual community. For example, as part of her practice of Goddess Worship, Sue joined a coven in the United States, which she would communicate with through the internet. This group gave her an avenue to talk about her dreams and visions, obtain supplies for rituals, and communicate with others who had a worldview similar to hers. As part of a coven, she described gaining a sense of acceptance and belonging. Rebecca talked about going to a summer Bible camp where she first started learning about God, started to believe in God, and made some lifelong friends who encouraged her religious development. In Herminie's case, church became a warm and safe place where she met many supportive individuals. She stated:

> The church thing really helped, it helped a lot. I mean when something bad did happen, people in church actually were really there for me too, they were good people. They just saw that I was someone who needed help and so they helped me. It was good.

Overall, the process of developing spirituality was an important component of building new connections. Participants reported developing a deep connection with God as an unconditional source of love and support. They also found they benefited from connecting with "something outside" of themselves: a wisdom or understanding of "how things are". In addition, connection to other supportive individuals within religious groups and organizations was helpful. Spirituality was important in providing comfort, hope, and peace.

Achieving Felt Security

All participants described the creation of a secure interpersonal connection as being essential to their healing process. For some, a previously difficult relationship with a parent substantially improved to allow for communication, care, and support; others developed a bond with a new friend or peer group that served as a source of intimacy and belonging. Several developed a significant relationship with another adult, such as a teacher or counsellor. Regardless of the types of attachments formed, common themes emerged in participants' experiences of achieving felt security.

A central element to achieving felt security was the feeling of unconditional love conveyed by supportive individuals. Secure attachments were characterized as being kind, loving, caring, patient, dependable, understanding, and supportive. These important qualities permitted them be trusted and relied upon. These relationships allowed participants to feel safe and cared for:

> My best friend is very, very loyal. She'll keep any secret. She will do whatever she can to make your day good, even if hers is the worst you can imagine. She will help you with anything. She will talk to you for hours. She will just be there when no one else will. She will ditch stuff to hang out with you. And she's just understands, she understands a lot, so we can really relate to one another. (Katie)

Participants described feeling a special bond characterized by closeness and intimacy. Several spoke of their close relationship as an "unspoken connection" whereby their significant person would know when they were distressed without them verbally expressing it. Similarly, participants could receive care and support non-verbally or without direct contact. These relationships were the first time they felt someone genuinely cared about their well-being.

Participants talked about different ways supportive individuals showed love, care, and concern. For some, it was the "little things" others did for them which conveyed caring. For example, some would telephone daily to express their concern, see how the individual was doing or ask how the day went:

> My friends made me feel cared about. They'd call me regularly. We'd talk daily. I didn't know then but they make you feel cared about. Just calling to say," Hey, what's up, I was thinking about you, I'd like to say hi." (Brie)

Caitlyn's best friend was incredibly helpful in her healing process. Whether she was sending her silly e-cards to cheer her up, coming over to watch a movie, or bringing her treats and junk food, what was important was that her friend did not abandon her when she was in need but instead stuck with her and continually reached out to her with love and attention:

> My best friend was one of those people who always cared, always wondered what was going on, and was always concerned. She would sit there and laugh about things. She would come over and bring a movie over, you know it's Friday night, I'm not going out, I'm just going to be home and sit by myself at home and she'd be like, ok well I'm coming over and I'm bring a movie I want to watch. Things like that were important.

Participants stressed the importance of the support they received from important individuals who continually provided encouragement and would offer assistance and do whatever they could to help the participant. For example, in Herminie's case, her mother continually provided encouragement and support by pointing out her strengths and encouraging her to get involved in activities she would excel at:

> She never gave up on me. She really thought that I wasn't as bad as I thought I was and she really pushed to find ways to make me think that way too. Like getting me involved in activities like

> modeling or trying to get me to try different things to find something that I was good at. If I was like, "I'm not good at anything" then she would be like, "Well you're really good at this, I know, I've seen your drawings or your music or whatever." So any time I was feeling bad she could come back with something.... So she was always supportive and encouraging no matter what.

Supportive individuals were continually available and participants felt that they could be trusted and relied upon when necessary. The knowledge that support was accessible and that they had someone who would be there if help was needed was important. For instance, in Caitlyn's case, her father was someone who she saw as always available to help her when needed:

> My dad's would always try to help. He's such a huge part of my life; if anything goes wrong I phone my dad. It's just that you need that one person... he was my one person that just knows everything about me. And he would come and talk to me so that I didn't have to go to him all the time.

Collin was unable to receive support from his parents and instead turned to those in his peer group who he experienced as strong and dependable:

> I found a group of friends, that's where my support comes from, it doesn't come from family, that's just the way I have structured it because I'm not sure that they can be depended on so I depend on the friends who I know will be there. So that's the way it works every time...we're strong, it's like you would never expect them to falter if you needed the help they were there, it was always the way it was. To me that's the biggest one, is that it was strong, it was always there, always you could rely on the friends to help you no matter what. If not all of them, you could at least rely on three or four so you knew you always had someone there if you needed them.

The sense of acceptance was a significant element of participants' feeling of security in their relationship. Participants described their important person as being "open-minded" and "non-judgmental" which conveyed a feeling of comfort and safety in the relationship. They felt that they could be open in expressing themselves and that their significant individual would always approve of them:

> I felt that I didn't have to be one way to be a good person or to be acceptable.... Most of my really good friends were very open and accepting of pretty much everybody. I felt like I could really lean on them and it made me feel like I had a group of people to back me up. If I fell down, they would help me back up again. (Herminie)

> I don't feel like there is any pressure. I don't have to be anything else or act like anything else and I don't have to be all happy go lucky all the time or talkative all the time. I think before with some of my friends I always felt like I had to be a certain way or otherwise people wouldn't like me or I wouldn't be accepted. I would always try to be a certain way, try to read people's minds...but now I don't have to be that way. (Jared)

Over time, as participants developed significant interpersonal connections, they experienced a greater sense of belonging. As they connected with important people, feelings of acceptance and belonging replaced previously overwhelming feelings of alienation and isolation. Most felt they found a place where they fit in; they connected with others who were like them and shared similar interests. They no longer felt different and misunderstood.

Overall finding an attachment connection was instrumental in helping participants along the healing process. With the support of important people participants reported that thoughts of suicide came to mind less often and thoughts of death became less appealing. Achieving felt security provided participants with important sense of connection along with increased hope and optimism:

> The relationships I have and the friends I've made have made it impossible for me to consider attempting suicide today. I know it's those relationships that I'm really grateful for these days... And so the thought of suicide wouldn't even enter my mind. (Jared)

> I don't think I could slip into the depression because I have the supports I have now. I pull away, if I pulled away from her [best friend], she'd still be calling me, several times a day. She wouldn't let me withdraw; she'd come after me because she'd know something would be wrong. Something would be wrong for her too. (Brie)

> What gained any resilience for me was the fact that I knew that they would be there, that I would have someone there so that's where it came from. I knew that if I needed someone I would have someone. It made me feel that there was nothing that I couldn't handle because my group of friends would support me. It was strength from them that helped me. The fact that there was going to be someone there if I needed help. (Collin)

> My relationship with my best friend provided hope. I saw the light at the end of the tunnel. It gave me a lot of strength, which I needed to start to fight. (Katie)

Opening Up

During the time of suicidal feelings, participants spoke of keeping to themselves, keeping their problems and difficult emotions secret, and shutting themselves off to communicating with others. However, as they talked about overcoming suicidal feelings all described a dramatic shift in their style of interpersonally relating. As participants developed close attachment relationships and felt increasing security, significant changes occurred as they gradually engaged in a process of "Opening Up". This process is characterized by the four main themes: (1) Intimate Communication; (2) Honest Self-Expression; (3) Turning to Others, and (4) Seeking Out Interaction.

Intimate communication

Participants commonly spoke of improving communication patterns among themselves and their friends and family members. Increasingly they felt the need to talk to others about problems and concerns and found that others were available for them to confide in. No longer did they feel uncomfortable engaging in intimate communication with others, but they began to see that it was helpful to share what they were experiencing. For example, Collin described becoming close with a girl in his peer group who encouraged him to verbally express what he was feeling. With her support he gradually came to the realization that his habit of bottling up his emotions was unhealthy. He stated:

> I learned that really discussing how you feel and how what you think and feel really affects yourself and how you're emotionally feeling.... Now I'm more open. When I was feeling suicidal I didn't talk to anyone about anything, if you have a problem then you keep it quiet and keep it to yourself. Now I'll just discuss it. I have no problem with discussing the issues anymore. I'm way more open than I was.

Friendships with peers improved as participants engaged in the mutual sharing of thoughts and feelings. They began discussing their experiences with depression as well as their anxieties, fears, and negative self-perceptions. Opening up to peers had the added effect of showing that others were experiencing similar thoughts, feelings and problems, and created a feeling of solidarity among peers. As they began opening up through intimate communication their relationships on the whole, improved and they felt close and more connected to other people. From Rebecca's experience:

> I do a lot more talking now, and I'm a lot more open with people that I'm close with. Before I wasn't, it was my poems and that was about it... I do a lot more talking now and I'm a lot closer to my mom and my sister because of that. If stuff happens I'll call them and if I'm crying they aren't all weirded out.

Participants began to perceive that others could be good listeners, that they could be trusted with personal information, and that others could understand what they were going through in their lives. Importantly, participants felt close enough to others that they could open up completely and share the most private aspects of themselves.

As participants developed closer relationships with parents and friends they became more emotionally expressive to one another. They felt no topic was off limits and that they could show real emotion to those around them. As they shared with others their feelings of loneliness and alienation, others became more aware of the importance of showing love and affection. For example, as several talked about improving relationships with parents, they stated that their parents began to express their affection more readily with hugs, compliments, and verbally saying “I love you.” These small actions went a long way in helping them feel cared for and loved.

Several talked about rituals or activities that became associated with intimate communication. For example, Rebecca reported that “girl talk” with her best friend and roommate became part of her daily evening routine. For April, opening up was associated with going out for coffee with her friends. In her opinion “we just talked and when you are a kid you really need to do that, you need to get that out, to feel that you have a place where you can be and where you can connect with people”.

In addition to verbally engaging in intimate communication, several discussed other methods they used for opening up to other people. For example, April talked about the use of “poetry notebooks.”' She and a friend each kept a notebook in which they wrote poetry which they regularly traded. Sharing her feelings through writing poetry enabled her to connect with her friend and a closer relationship developed. Similarly, Julie kept a journal of her thoughts and feelings and shared her journal with her teacher who would write notes and questions in it. Jared spoke of keeping an online blog where he wrote about very personal aspects of himself. Although not communicating directly with others, participants spoke of benefiting from opening up and sharing their thoughts with other people. In Jared's case, he stated:

> I think it was just the fact that I was able to share the most intimate things possible, I think that was one part of it definitely, being able to express these things and knowing that it was sort of out there, that someone might hear or listen, even though I might not know them at all.

Honest self expression

For most, the process of opening up was associated with the development of honest self-expression. While in the suicidal state, participants related fear of showing their "true selves" to other people. They kept their genuine feelings hidden and showed others a positive and happy front which was unrelated to their authentic emotions. Participants felt intense disgust and hatred for themselves and worried that if others knew the person they really were, they would be judged, victimized, and rejected. They were ashamed of themselves and their emotions and therefore, true selves were concealed beneath a "mask" or inside a "bubble."

The creation of a secure relationship was a catalyst for their honest self-expression. Participants connected with individuals who they felt close enough to "let in" to their real world. For example, Katie stated, "I feel comfortable. With her [best friend] there's no mask. I'm just me. It just never happened in a friend. Never. So it's kind of special." With these people they felt comfortable crying and showing the despair, misery, and sadness they were feeling. They felt they could trust these relationships to provide support and understanding:

> I had a big bubble around me and if somebody got too close I would always shut them down completely. My best friend, she was the only one that I really let in. Nobody else saw a lot of emotion. (Rebecca)

> My two close friends were the only ones that knew the real me. They were the ones that I would actually tell feelings to.... They were the only ones that knew the real me that could actually be sad and cry. (Caitlyn)

Gradually, participants began to express themselves openly and honestly and feel safe enough to show others the identity they had been hiding. They gained increasing comfort in being themselves around other people. Several felt that by opening themselves up, they reconnected with the person they truly were. Feelings of happiness, relief, and liberation were reported when they could finally express themselves to others and feel accepted and approved. Only through gradual successes in relationships did participants no longer feel ashamed of who they were and no longer fear revealing themselves to others. The acceptance of their true identities by others helped them to feel more secure and to view the self as an "ok person" who did not need to be hated or loathed. They began to appreciate themselves and see they could be likeable people:

> I feel like I can be myself around these friends, I don't have to pretend to be a certain way, to be something else other than who I am. I feel like I don't have to hold myself back. I can talk about anything with these people. I guess that's sort of what I've been looking for.... When I think back to what it was like before I can see that there has been a dramatic shift. (Jared)

Not only did participants become more at ease in communicating genuine thoughts and feelings, but most also spoke about becoming more comfortable expressing their uniqueness and individuality. For these individuals, honest self-expression was associated with showing their character through clothing, hair color, body art, and piercings. For example, after her failed suicide attempt Brie decided she would be more open in expressing herself and got several body piercings. She described her piercings as helping her 'come out as a person' and felt that she could finally show others who she was.

Overall participants reported feeling happier being themselves and not having to pretend to be someone else. They felt more comfortable when the self they showed others was congruent with their actual feelings. Finding that people liked them for who they were increased their self-confidence and allowed them to gain appreciation for the person they were. Success in honest self-expression served to enhance participants' ease in relationships and facilitated the development of increased connection.

Turning to Others

As participants talked about their healing, a significant theme that characterized the process of "Opening Up" was an increase in their willingness and readiness to turn to others for help and support. When participants opened up to sharing themselves and connecting with others, positive interpersonal experiences showed them they could trust in other people. Most found that there were individuals in their lives who they could turn to and depend upon. Katie, for example, recounted that, "I didn't trust anybody, and now I'm learning to trust…I think I just became more positive, and I realized when I started to trust people, good things happened."

Participants learned to reach out more to those around them. They came to realize that they did not need to do everything on their own and be completely independent but saw that others were available to help them:

> I always thought, I can do this on my own, I'm just sick or whatever, and it's not a big deal. But I was like, you know what, I'm mentally sick, and I need to get help there and I need to help myself too. (Caitlyn)

With the presence of the right supports, assistance for their emotional distress was sought out. Their perceptions of relationships changed and they began to view them as being safer and less scary. For most, turning to others was a gradual process whereby increased positive contact with a significant individual created feelings of security in attachment. These feelings facilitated a warm and caring atmosphere of acceptance and trust, subsequently allowing participants to reach out for help and support. For example, in April's case, upon moving to boarding school, she connected with an important best friend who provided her with care and support during her high school years. In describing their relationship she stated:

> I could definitely trust her. She definitely knows I have past issues. She was a confident…. She was security. She had kind of a mother aspect too…. She was always really there for me and I was really there for her too. And we made a good connection for each other…. She was very mature for me. And that was good because it brought me back to the level where I needed to be with myself.

A few described an accelerated process whereby a significant event or trigger led them to become completely overwhelmed to the state where they reached what they called "a breaking point" and sought out immediate help from those to whom they felt closest. For example, Katie reported reaching out to her mom when she suddenly came to the realization she could not cope alone:

> I was desperate. I knew something wasn't right, and that week just kept escalating. It started off normally, like it was bad but by the end of the week, I didn't know what I was doing. I didn't remember anything. I couldn't sleep. I felt like I was going to explode. I had to let someone in. I had to get help. Because I knew if I didn't then I was going to kill myself. It was a breaking point... I had to do something.... I let my mom in.... I stopped fighting her and I started to allow her to help me. I stopped trying to be completely independent at 16. I let her protect me.

The help offered by secure relationships was not only comfort and emotional support, but also involved practical matters such as advocating for the participant and finding resources that could benefit them. In the case of Katie, her mother took her to see a counsellor and a doctor and got involved with her school to stop ongoing bullying.

Seeking Out Interaction

While the period of suicidal thinking was characterized by withdrawal, isolation, disengagement and seclusion, the journey through the healing process involved a shift in participants' initiative to interact with other people and be involved in enjoyable activities. Participants commonly reported that they gradually became interested in making friends and interacting with their peers. Importantly, they became more willing to connect with others and more open to developing close friends. For example, because of her newfound readiness to connect with other people, Katie began to see that others had been reaching out to be-friend her, something which she had previously been unable to see. Now, she welcomed the opportunity to make new friendships:

> I stopped focusing on me so much, and I looked away from my problems and I looked at others' problems and I saw that we were similar and that's when I noticed that they had been trying to talk to

> me but I had misinterpreted their signals so they then felt rejected so they stopped. Once I realized that I initiated contact and it seemed to work out from there.

Some talked about regaining interest in socializing and meeting new people whereas for others, this period marked their first real successes in social interaction. Participants reported that they were no longer afraid of rejection and gained the self-confidence to approach new people and take the risk of making new friendships. For example, Herminie reported that she started finding it easier to talk with her peers:

> I kind of started talking to more people. And then because of that I was talking with more people and I found people that I had things in common with and that helped a lot too. By the time grade 9 rolled around I was doing quite a bit better.

Participants worked harder at making new friends by talking more, opening up to others, reaching out to get to know people better, and becoming more proactive. They often took more risks and found they were frequently rewarded with new friendships. They also worked to develop closer and more intimate friendships than those they held in the past by communicating more openly about themselves and spending more time with important people. In Jared's case, a new perspective on taking initiatives to meet new people and develop new friendships was important:

> I think I made more of an effort to be more proactive… I would meet someone and before I would perhaps wait for their email, wait for them to call me, whereas these days instead of waiting for someone to ask for my number and then feel like crap because no one seems to care, I go and ask for their number. I can call them or email them and I've actually done that in the past half a year or so and frankly I'm surprised at the responses that I get from people, they will actually email back and say 'yeah, let's get together'. As I do this more I just get more and more used to it and it becomes the new automatic for me whereas the old automatic would be to feel completely helpless waiting for other people to do things and I'd feel like a victim.

Participants found that they enjoyed the time they spent with other people. As Caitlyn discovered, "I started to realize there was something better for me than being a hermit." They became more comfortable with social contact and learned some new skills for making and keeping friends. As they gained new friendships they also benefited from a more active social life. They spent more time going out with friends to activities, events, and movies. They began to feel like they could be "normal teenagers" who had fun and could be happy:

> Pretty much my hobbies were friends. That's what I did if I had some spare time it was to hang out with my friends, see how my friends are doing because my interest was hanging out with them. That's all I did, it was a major consumer of my time. (Collin)

In addition to developing new friendships, most also took the initiative of getting involved in extracurricular activities and joining social organizations. Participants joined sports teams, theatre groups, clubs, and volunteer activities. They became involved in causes that were important to them and in doing so met people with shared interests and beliefs. Increased involvement with peers and extracurricular activities provided an important sense of belonging:

> I had a really good friend. I had sports. I did a lot of sports after that. I did soccer, ringette, track. We had different running groups for different races that I joined. I had MADD. I had SADD at that point. I had a part time job. So at that point I really, really felt like I belonged. (Rebecca)

While the social interaction itself was beneficial, it also resulted in decreasing the amount of time spent alone, reducing the time to ruminate about problems and negative feelings. Several reported that "getting out of the house" was helpful because they felt their homes were a negative environment. Through increased social interaction and extracurricular involvement participants gained greater appreciation for relationships and the importance of interacting with other people. They reported gaining significant relationships and finding increased joy and happiness.

Achieving Self-Determination

Increases in participants' efforts toward self-determination were an important part of the process of building resiliency. Participants reported common changes in their ideas about themselves and how they fit into the world as important people. The process of self-determination is characterized by two main themes: (1) Finding Hope, and (2) Feeling Empowered.

Finding Hope

For most participants, moving past suicidal feelings was associated with a shift from hopelessness to hopefulness. While suicidal, overwhelming hopelessness blanketed self perceptions and worldviews with depression and despair. They described having nothing to live for, no sense of future, and no belief in a better tomorrow. Through the process of building secure attachments and opening up, a gradual increase in their level of hope was reported. All began to believe in the possibility of positive change and a happy future. They reported a strong desire for their lives to be happier and now began to anticipate that this could be possible for them:

> I wished things would be better. I wished that I had someone to talk to or I wish I had parents who were somewhat supportive.... I wished all these other things then so I don't think I actually wanted to die...I think there were times when I was hopeful that things could change in the future and I didn't feel as bad about myself. (Jared)

Most spoke of looking forward to life events which they viewed as being associated with the possibility of a positive change. For example Rebecca, Sue, Katie, Brie, and Jared eagerly anticipated attending University because it meant moving away from difficult home lives, negative high schools, and small town environments which they felt were unhealthy for their emotional development:

> What I had to live for was to get away from there, that's all I really felt like I had, the whole time, my only hope was that one day I am going to get away from here and it is going to be different because I'm going to make it different, and that's pretty much it. (Rebecca)

> I counted down right to the day of graduation, right down to that day. I wanted to leave on the day my exams finished I was packed and I'm leaving. I really wanted to come to university because I thought things would be better then. (Sue)

Several reported significant life events which served to increase their level of hope. For example, both Julie and Caitlyn described incidents where they experienced their first laugh in a very longtime. For them, discovering that it was possible for them to "laugh again" provided temporary relief from despair and filled them with the hope that they could experience some "light" in their lives. As Julie stated:

> It was huge just to know that I could laugh, I thought I couldn't smile anymore. So just seeing that there was the possibility of feeling different, that was a big thing.... It gave me hope because I felt good for a while and thought I couldn't, like when you think that you know you're never going to get better and you're never going to feel better and nothing helps and then when something does, it's big.

Renewed hope helped to foster the belief in the possibility of positive change and served as a source of motivation for making changes and taking risks. As Katie stated: "I just felt more positive so I felt hope, and I hadn't for so many years. So I felt like things would change, it was just a matter of time. So it motivated me to get better."

Feeling Empowered

Associated with the developing of hope and the process of self-determination was the gradual development of feelings of empowerment. Participants spoke of an important change in how they viewed themselves: a shift from helplessness to control. Whereas previously they saw themselves as helpless and their lives as out of control, they now began to find strength within themselves to handle problems and difficult emotions.

Characteristic of participants' development of empowerment were feelings of personal responsibility. Coming to a realization that they were responsible for the route that their lives were taking was commonly reported. They began to see the consequences of their actions and choices and open up to taking personal responsibility for creating their own happiness. Participants came to see the need to take ownership for their problems and despair and found that they had the power to make themselves feel better. They decided to work on taking the small steps necessary to feel better:

> I think now that if I'm really not happy with myself I can change. Before it was like "Well, I am what I am, just deal with it." Now, if I'm really not happy with something, I know how to be different. It's like changing the way you think. I just think I have more mental power over myself.... Now, I feel like I can control myself whereas before I wasn't at all. Which was very, very scary. (Caitlyn)

Empowerment was commonly associated with developing personal strength. Participants began to see themselves as strong people who were able to make the right decisions for healthy living. They found that with the support of others, there was nothing that they could not handle. As Collin stated in his interview:

> Looking at the person who I am now, I say I would never consider suicide again because I am too strong and I'm at the point now where if something gets in my way I go over it or around it but it doesn't stop me.

With new feelings of hope and empowerment, participants began to take the steps necessary to take control of their lives. For several, this began with what they called “a fresh start”. The fresh start was associated with a major change such as a move away from home, attendance at a new school, or entrance into post-secondary education. Occasionally the fresh start was also associated with distancing themselves from difficult relationships with one or both parents, which resulted in decreased level of stress and discomfort. Participants described benefiting from feelings of increased independence and responsibility. They enjoyed the freedom of meeting new people and became involved in new activities. Most gained a sense of accomplishment from successfully being able to manage on their own without parents:

> Growing up it was just like this is how it's going to be because I have no control over my situation. When I moved away it was like this is how it's going to be because that's how I want it to be. The good thing about university is that you can be friends with who ever you want, you can do extracurricular activities whenever you want because everything is optional, you can work whenever you want because there are a lot more options. I've always been a really independent person like that. So that was a big change, moving away and becoming my own person (Rebecca)

As participants experienced success with increased independence, they realized they were the one who was in control of what was happening to them. They had the power to be the person they wanted to be. Instead of resigning themselves to situations that made them unhappy, they opted to make the changes necessary to have a happier life. In Jared's case, he realized the importance of becoming proactive in making new friends and being more outgoing:

> I sort of have this new perspective now where I feel like I don't have to wait for other people, I have the power to do things for myself and that's been an extremely important lesson for me, that happiness actually is my choice.

Similarly, Caitlyn spoke of taking charge of her happiness by trying to do more of those things that she knew would make a difference in how she was feeling:

> Now I'm like, I have problems and I'm taking care of it and I'm doing something good for myself so I'm like, "I can either sit here and be unhappy about the problem that I have or I can deal with it and I can try to have fun and do things that I would normally do, and I just try." I still spend time alone and think about things but I'm more genuinely happy about life.... Now when I have a problem I know it and I take care of it.

Participants talked about pushing themselves to do difficult things because they knew the effort would lead to increased happiness. They pushed themselves to be more outgoing and interact more with other people. They forced themselves to participate in activities and become more involved, which though difficult at first, led to feelings of accomplishments, success, and increased self-worth. Small successes allowed individuals to prove their worth to themselves and to those around them:

> Just getting out and doing things helped me. When I was hopeless, it's like you don't even try anything because you think it's not going to work anyways. But then just going out and being pushed to do things, I could see that it wasn't so bad after all. And I just started to get out a little bit more and try different things and it did make me feel better. It did make me feel like maybe I'm not so bad after all. (Herminie)

Developing Self-Understanding

As participants followed through the process of healing, they spoke of gradually developing a better understanding of themselves and how they fit into their relationships with those around them. Two key areas were highlighted in participants' stories: (1) Gaining Positive Self-Regard and (2) Developing a Positive Outlook.

Gaining Positive Self-Regard

Participants' descriptions of their experiences of the suicidal state were characterized by self-perceptions clouded with feelings of self-doubt and failure.

On the other hand, the process of healing was distinguished by experiences of success and competence. With the encouragement of supportive individuals, participants gained awareness of their positive aspects, became more self-confident, developed self-esteem, and learned self-acceptance.

Participants began to apply themselves to increase their proficiency in their skills and areas of interest. By doing so they became more conscious of their strengths and abilities. Most spoke of discovering and developing one strength, talent or hobby that they felt they had the potential to be very good at. For example, for Brie it was soccer and for Herminie, it was her artistic abilities:

> Soccer I've been playing since I was four or five so I have the skills. I score goals. I can do all the things and do them well. So I get a lot of people's admiration... I'm confident in my skills and I get told that from people. I score goals and I score nice goals. (Brie)
>
> I just always liked art and I guess I started out mostly with drawing anime is when I really got into it and then I was just drawing like fantasy art and abstract things and everything. My mom says they are really good and a lot of other people have said that too and I just really like to do it. So I was really good at that. (Herminie)

Initially, participants were surprised to find that there was something that they could be good at because for a long time they had focused on their weaknesses and deficiencies. As they shifted their point of view to highlight rediscovered abilities they began to see themselves in a more positive light. Experiences of success reinforced optimistic views of their abilities and talents. Instead of simply dismissing the constructive comments others made about their abilities, they began to believe that they were individuals with the potential to be strong and successful. By working to develop their talents and abilities participants found one thing that was positive about themselves. Success in one area helped them to feel good about themselves and more aware of their strengths and abilities. For most, finding an area of strength provided them with hope and belief in their potential to achieve and accomplish something worthwhile. As April stated: "I became more self aware of my positive features and things that I could do for myself and I came to see that I had the ability to succeed."

For most, the shift to view oneself as an important and successful person led to the development of new self-confidence. Participants reported an important change in how they felt about themselves. Instead of viewing themselves as helpless and useless, they came to realize there were many things they could do and achieve. In Sue's words: "I realized I can do stuff, whether or not I actually do it is another thing but I can do it, I could do it if I wanted to bad enough."

Participants gained confidence from an increasing sense of security in who they were and where they fit into the world as unique people. Several reconnected with past competencies and rediscovered aspects of themselves they had lost while suicidal. For example, April recalled that in elementary school she had been smart and done well. She decided to apply herself in her schooling and found she was again able to do well and be successful. Similarly, others gained self-confidence from accomplishments in new activities and interests. They gave themselves recognition for their achievements and internalized the positive feedback and support given to them by other people:

> My mom put me into modeling and that way I just didn't feel so bad about how I looked, and I decided if these people think I'm pretty enough, I guess I must be pretty enough. It gave me like a lot more confidence that way. (Herminie)

Notably, experiences of success in relationships were an important source of self-confidence for many. Positive friendships reinforced the self-perception that participants were fun and likeable people and that others thought they were worth getting to know and spending time with. In addition, the relationships they formed with friends and family members reinforced their worth in the world and fostered a sense of positive self-esteem:

> My peer group really changed how I saw myself, because they were the popular people, they were the ones that everyone thought were cool and fun. It made me realize that if I'm hanging out with the cool and fun people, I'm cool and fun. That's kind of the way that I started to think of myself and my confidence grew because of

> being around them and seeing that I could be part of this group of people that I didn't think I could be part of. It just kind of made me more confident in what I could accomplish. (Collin)

> Growing up I just had no self worth the whole time. I just felt like a horrible person. For some reason I was intrinsically a crappy person, not really worth anybody's time of day, not worth being nice to, and that changed. I actually felt that I was a worthwhile person to be around and a worthwhile person for other people to have as a friend. I felt needed by my friend, because we would talk to each other and if she was having a horrible time she would call me and I would talk to her. So I really had a feeling of self-worth after that which slowly developed into self-confidence. (Rebecca)

Participants opened up to seeing the good qualities within themselves. They began to feel better about themselves and see that they had worth and potential. Many of the negative beliefs held about themselves were replaced with positive thinking. Brie, for example, stated that, "I see myself as valuable. I have soccer and friendships and I'm fourth year University and most of my grad class didn't make it anywhere. I'm successful." Similarly, others recounted:

> I feel a lot better about myself. Whereas before I felt I was worthless and bad things like that, now I feel like I deserve respect, that I'm a good person. I feel like I'm smart and funny and that I can do a lot of things and that I can always learn new things if I need to or if I want to. I feel like I've got a lot of different things that I can do. I'm someone that is a desirable person. (Herminie)

> I have self-esteem. I have a sense of self worth. I have great friends. I have opportunities and experiences that people haven't and I'm grateful for that. I just love life. Now is such a good time for me. I had that horrible break up over the summer and even that helped me realize I am pretty awesome and if you don't see that it's your own damn problem. (Rebecca)

Participants spoke of the challenges and difficulties they had faced and how they gained strength and a sense of accomplishment from those actions. For example, in April's case, being sent to boarding school was a huge change, which she turned into a positive event for herself and her future. She stated:

> I was just stronger in myself, I had done so much and I knew I could do so much more. I had gotten through that whole year of high school and actually passed all of my classes and done really well in them. I had made all sorts of really good new friends, and I had regained my trust with my parents again and that made me feel really good. I didn't have that tension with my family anymore. I just had a good realization of myself and my self worth. I was more balanced I guess.

With increased emphasis on strengths and potential, feelings of self-loathing and self-criticism were replaced with self-acceptance. Participants came to know and understand themselves better and realized what they could and could not do. They learned to be secure with the person they were instead of trying to achieve an unattainable goal or change what was beyond their power. As a result of their change in view points, self-perceptions became much more accurate. These were individuals who had strength and abilities but during those suicidal years were not able to see them. Participants came to see that they were not inadequate, horrible people but that they had worth and potential. They stopped their self-criticism and instead accepted the limits of their control. Katie, for example, stopped berating herself for not getting a perfect score on every school exam. Instead, she decided she could accept that doing the best she could was enough and that if she did poorly on one test she would simply try to study harder for the next one. Collin also described a gradual increase in self-acceptance:

> I have more confidence in myself. I think I accept that this is me, I can't change it, and at that point maybe I didn't know who I was or where I stood. So now that I know where I am I'm more secure in where I am so it's easier for me to decide where I'm going and this is it, if you don't like it, tough, that kind of thing.

As participants became comfortable with their personal identity, increased feelings of self-worth and self-confidence were reported accompanied with increased openness and self-expression. Most reported becoming less self-conscious and less self-absorbed. They no longer cared what other people thought of them or how those around them viewed their actions. Instead they focused on opening up to others and doing what they thought was right for themselves.

> The negative thoughts about myself disappeared. I started to accept me as me not trying to hide under masks. I didn't care anymore whether or not I fit in. I never was going to fit in there so why even try, why not just be myself. Now, I don't even care if I fit in. I fit into a certain crowd and I'm happy with it. (Katie)
>
> I always tried to be a happy person, always this outgoing person and stuff, and then I realized that I didn't have to put on a show for everyone all the time because my real friends were the ones who loved me when I wasn't like that. So I came to a place in my own mind where I'm ok with being who I am. I just feel better about myself just being me. (Caitlyn)
>
> I'm more accepting. I still have insecurities, but that's life, you'll deal with them, you aren't going to have everything perfect the way you like it. I think because of the growth in confidence and the feeling better and more secure in where I stand, I don't care so much what other people say about me. (Collin)

Developing a Positive Outlook

Another significant element in the healing process was the development of a positive outlook. A positive outlook was important in providing participants with a more positive emotional state, which translated into more healthy thinking and feeling. As Rebecca described it: "the dark cloud kinda passed over my head after those three or four years, and the sunshine came out and it was better."

Through a process of increased self-understanding, participants came to see the consequences of their negative thinking on their mood and emotional well-being. They gained an awareness of the harm they were doing to themselves by continuing to dwell in misery. They discovered they could control how they were feeling by changing the way they thought. Negative thinking and maladaptive and distorted cognitions were replaced with a more realistic outlook on life. They learned to catch negative thinking and replace those thoughts with positive statements. Participants began to challenge some of the perceptions and beliefs they previously accepted as fact. They focused less on the negatives and tried to draw their attention to the positives whenever possible. Several simply stated that they stopped dwelling on problems and no longer "beat themselves up" with negative thinking. This realization was particularly significant for Jared who became more aware of how his negative thinking was impacting how he felt about himself:

> I can't choose to feel something at a certain time but I can choose to do things that help me, that nourish myself, and I can choose to think things that don't hurt me. I can choose not to beat myself up all the time with a certain thought. If I can catch myself thinking something, I can say, "Ok, do I want to be happy or not happy, if I want to be happy, just stop thinking it." So I'm not going to think that anymore because I decided I want to be happy in my life. That's what I say now, and you know, it's true.

Also important for Jared was a reinterpretation of negative events that had happened in the past and impacted him severely. Instead of continuing with a downward spiral of negative thinking he came to a more positive understanding of his life by becoming conscious of maladaptive habits and behavior patterns:

> I don't necessarily have to think from the perspective of a victim. I can actually go out and change things. A lot of what happened is based on interpretation and I don't necessarily have to choose the interpretation that victimized me, I can choose an alternate explanation that empowered me. That's a really important lesson and pretty much it's summed up but the fact that I realized that my happiness in my hands. (Jared)

By practicing more positive thinking, participants stated that they felt an increased sense of control over their emotions and found that they were less likely to become overwhelmed by negative feelings and despair. They also gained a greater sense of perspective on themselves and their lives and thought of different interpretations for events and outcomes:

> I can see negative aspects but I can also find positive. I'm not afraid of everything. I'm able to see the humor in the bad things. I can see how ironic things are and I'm able to see different point of views. (Katie)

Overall, most reported a dramatic change in their outlook on life: a transition from a worldview of pessimism to that of optimism. As Katie stated: "I'm a lot more optimistic, I used to be an extreme pessimist and now I still am a slight pessimist but I'm also very optimistic." Participants' outlooks became orientated towards creating a happy future and a curiosity for what might someday be. They spoke of looking forward to whatever will come next in their lives and a strong desire to make the most out of life and be the best possible person they could be:

> Now, it's great, it's so positive. I'm totally somebody who's looking through the rose colored glasses now. I'm just so much better than I was. I know how bad it can be so now it's just like everything is wonderful. (Rebecca)
>
> I think that I'm happy where I am right now and I think it's only going to get better really. I'm really positive and hopeful. I'm going to go back to school soon and I'm sure I can find a career that I like and me and my boyfriend are talking about getting married, so I think things are really on the up and up. I'm really just kind of looking forward to whatever I might be doing. (Herminie)

Creating a Life Worth Living

A salient theme in all participants' stories was a realization at some point along the way that life was now worth living:

> I felt I liked life, things were going good, and I was in a direction that I wanted to be in. So I had righted my life or other people had helped me to right it and get back on track. So I loved life. I wanted to live. Even if I had feelings of desperateness or depression or just even thinking things from time to time like, "I wish I was dead," I never would really actually think "I wish I was dead," it was a thought that came but would be immediately followed by, "No, I like life, life is worth living." (April)

Participants related coming to terms with who they were and where they were going in life and making the conscious decision that suicide was not the way to go. A variety of reasons for reaching this decision were discussed, including: (1) Finding Joy in Life; (2) Finding Meaning in Life; (3) Thinking of Others; and (4) Taking Care of Myself. Once suicide was no longer an option, they made a commitment to healthy living and making positive changes. Through feelings of empowerment they increasingly felt that they could take an active role in creating a life that would be worth living.

Finding Joy in Life

Participants commonly spoke of coming to a point where they were once again able to experience joy and pleasure. Instead of the anhedonia reported while suicidal, they described the process of healing to be associated with the slow and gradual return of feelings of enjoyment and amusement. The experience of joy was a dramatic change from their experience of complete unhappiness and despair. Importantly, participants reported interpreting their initial awareness of experiencing joy as a possibility that they were healing and that life could one day be better. They reported that they “felt more relaxed” and were “more easy going” once they felt the possibility of a happier life. For example as Sue stated: “Lots of things make me happy now. Pretty much everything makes me happy to some degree. Not a lot really makes me angry anymore.”

Several spoke of actively seeking out activities which brought them happiness and entertainment. They reported that involvement in enjoyable activities, such as sports, physical activity, hobbies, music, and movies helped them feel happier and stopped them from ruminating on the negatives. For example, Caitlyn was able to list off a number of activities which she found helpful:

> It doesn’t have to be things that cost money. Just sitting down with your favorite ice cream, watching a movie that you really like or getting some friends together. Me and my friends like Dawson’s Creek, just some stupid show, something we did when we were little, and my friends would come over and watch a Disney movie with me. Things that just bring you back to that point when you were happy.

Notably, relationships were also very important in creating participants' experiences of happiness and joy. For most, interactions with friends, family members, and attachment figures were reported as enjoyable activities. They treasured the times they spent with others who they saw as fun, carefree, and cheerful people. Laughing was also commonly reported as providing a release from stress and tension. As an example, Rebecca talked about the importance of watching movies with her mother. This interaction was an important connecting point which not only served to improve their relationship but also brought some fun into her life:

> We'd just chat and we would watch movies together. We have one movie, we've watched it together over a dozen times. We would try to put quotes from the movie into regular conversations and every time somebody did that they got a point. We would joke around and laugh and it was just a lot of fun.

Similarly, Collin described his friends and the activities he did with them as bringing him a great deal of joy and excitement. Within his peer group he began having fun again and he enjoyed feeling that there was always something to look forward to:

> My friends were like an extended family. It was like you had something to look forward to; you were going to hang out with your friends this weekend. So because of that support group, you actually wanted to be around them. You didn't want to die or not be in this world anymore because you had something to look forward to, you had these friends and this life that you were actually excited about. Because of that and the positive role that they had, that really was a reason to not want to be suicidal.

Participants began living their lives in a more positive way. They connected with individuals who were optimistic and had a positive influence on their feelings and attitudes. They made more healthy choices in their relationships, habits, and lifestyles. They made a greater effort to think more positively and ceased their destructive and maladaptive behaviors and cognitions. Overall, participants stated they began having a lot more joy in life and that in turn, it became a lot more fun to be alive and stay alive.

Finding Meaning in Life

Participants frequently stated that connecting their lives with meaning and purpose was important to their healing process. They spoke of wanting their lives to be important and significant and having a desire to make some sort of accomplishment or achieve success. It became essential that their lives had merit and that their names be associated with worth and value. Most sought out reasons for living:

> I wanted to actually do something so that if I decided to kill myself later or if I died in an accident or something, people would actually remember something about me, that I actually did something, that my life was actually worth something, it left something behind. (Sue)

A number of different ways participants felt they could achieve a sense of purpose were identified. Some joined groups, volunteered, and devoted themselves to helping others or working towards worthwhile causes. For example, Brie talked about attaining self-worth through involvement in meaningful groups and activities:

> I started getting involved in the gay equality movement, antiracism, and various charities. Doing productive things. After a while it just got to be a habit and I met lots of people and got along well. I did have a good time. It was like, "Let's do something productive, useful, because you're going to die anyways so you might as well do something before you die." As opposed to just, "Oh, I'm just going to die and leave everybody to remember how useless I was, how I never did anything good." I thought I would do something useful and something good and then it got to be habit to keep doing these things and eventually I just didn't really feel like killing myself anymore.

Others, set goals for themselves and found direction and focus. They decided that there were important tasks they wanted to accomplish. In Collin's case, he decided that he wanted to be a lawyer and he wanted to be successful to prove his worth in the world. For him, suicide was a way of 'giving up' and instead of suicide he decided to prove to himself and everyone else that he could deal with difficult times and still get on top.

> For me finding a purpose made life worth living. I felt I didn't know what my purpose was when I was feeling suicidal, but I knew that this wasn't the way I was going to be. I would die being a failure because to me that's what it was. It was quitting when things got rough and I didn't want that. I wanted to live, because I was there for a purpose, there had to be some reason why I was here. I had to do something. That's why I pushed on.

Other still created their own sense of meaning through responsibilities and obligations that had a commitment to. The sense of duty compelled participants to follow through with activities and responsibilities which in turn created an important sense of meaning and reason for living.

> Once I got involved, I had responsibilities. So once I started having responsibilities I had to show up because I said that I would be at the meeting on next Wednesday, I said I would be there, so I have to be there. And, you know, it just kept going. I have a boy that I mentor with and when I had a couple bad episodes at about 18 it was just like I can't do that because I have to go see Michael on Wednesday and I have to go see him the Wednesday after that, and the one after that too. (Sue)

Thinking of Others

For all, interpersonal relationships were an important part of creating a life worth living. As participants developed close connections and secure attachment relationships they found themselves often thinking of their loved ones. The process of healing was associated with greater awareness for those around them. Instead of being wrapped up in their own despair and focusing on the sole purpose of obtaining relief from suffering, participants realized they were not alone and that their death would seriously impact those left behind. Most came to believe that suicide was a "selfish act" because it did not take into account the feelings of others. While they were suicidal they felt that no one cared and that if they died it would not affect those left behind. Now that they felt there were individuals who loved them and cared about them, they seriously considered the consequences their death would have on their loved ones and worried about the pain they would cause to others.

Caitlyn spoke of creating a list which she called a "Reasons to Not Die List". This list included all the important people in her life. Although Caitlyn reported that initially thinking of others caused her to feel trapped because suicide no longer became an option, she also came to realize that there were many important people in her life who loved her and supported her:

> Some of the things on the list were my grandma cause she's the sweetest little old lady ever. She loves me so much. My parents…because they love me. I was thinking what would happen to my mom if I did kill myself, she would go insane. I was thinking so selfishly when I did try to kill myself…And well definitely my dad, and he was the biggest one, because my dad's been nothing but good to me my whole life. He would always try to help. Tara and Stephanie were on there, my two best friends. And my brother definitely because if I did kill myself then what would happen to him. He'd be so screwed up. I can't even imagine how that would affect him. Now when I think about it I'm so happy I didn't do it because I can't imagine him now.

Like Caitlyn, others stated that "not wanting to hurt loved ones" was a major deterrent to attempting suicide:

> I knew how hurt my family would be, and I couldn't put them through it. That's the only thing that kept me from doing it. If I hadn't loved them so much I would have. I wouldn't be here today. I would be dead. I just didn't want to see my family hurt. (Katie)

> I was still feeling suicidal right up until when my cousin was killed and then when that happened it like it was a huge eye opener for me. It was like how could I even have thought of putting the whole family through this because it was hell, it was absolute hell after he died. That was a big part of it, just the realization of what I would have put everyone through. (Rebecca)

> After I had friends that I really cared about then that really factored into it. If I had suicidal thoughts, I thought about how it would affect what my friends had even previously thought about me and my life. That it might disappoint them or it might make them feel really bad.

> I didn't even think about suicide that much after I had people that I really, really cared about as far as a friend basis goes. But my family, I always felt that they would feel really crappy about it, and I thought about my mom a lot too, that my mom would just feel really horrible, my mom would cry a lot. It's a pretty horrible thought. (April)

Participants reported that relationships gave their lives important meaning. Relationships gave life purpose because participants felt needed and began to believe that others would miss them if they were gone. They also felt like more worthwhile individuals because others liked them and enjoyed spending time with them.

Participants discussed how helping others gave them the feeling of importance and value. By taking the time to help others they came to see that they were not the only ones who had problems and that others were dealing with challenges as well. This allowed them to feel more normal and less alone:

> The best thing for me was to do things for other people. That's what made me feel so much better. I was always thinking, "I'm such a piece of shit, I'm so horrible, why would anyone waste their time with me." But then I was like, "I did something for someone else I guess that makes them happy." (Caitlyn)

> It comes back to responsibilities. I'm good at being responsible so I like to do it because that's one of the things that I'm good at. It makes me feel better to be responsible and to assist other people. That's one of the reason I'm involved in so many of my groups, because I can help other people. I like to assist. (Sue)

> The past couple of years I've been playing soccer. I'm a big sister, and she and her family love me. I've been doing lots of volunteering that I've been getting into. I am a psych and sociology major and I might like to go into social work. I just want to help people and I've been told I'm really good to talk to. I'm always there for my friends or as best as I can be. I think I'm a good person. (Brie)

Taking Care of Myself

As participants began to feel more and more that life was worth living, they began to take better care of themselves. Paying greater attention to their health and their physical and emotional well-being was reported. Some began to adopt a healthier lifestyle by obtaining proper nutrition and exercise. Most removed drugs and alcohol from their lives:

> I got out of high school and I worked for a year and I quit smoking right away. I was like I don't need this anymore. I guess that I just really wanted to live. I dropped a lot of things that were harmful to me. I didn't touch drugs anymore. It's almost like my danger point dropped back a little bit too. It's like I don't want to get into trouble with the law because that has repercussions. I started thinking about maybe repercussions and things that would have stopped my progression. (April)

Others began to see the effects that stress and negative thinking had on them emotionally. They took measures to remove pressures and worries and instead strive to achieve a more balanced lifestyle. For example, Katie who previously put a strong emphasis on doing well academically began to relax more and accept that limits of her abilities. She recalled, "I was a huge perfectionist. Now it's different. I want to pass and I want to do well in school, but I want to be mentally and physically healthy which is more important than the grades."

Participants also opened up to engaging in adaptive coping. Instead of relying on the unhealthy coping strategies that previously provided relief, such as self-harm behavior and substance abuse, they reported learning new, positive coping skills:

> Now I have lots of coping skills so if I feel like crap I'm not going to go smoke weed, I'm going to journal or I'm going to do breathing exercises or run or something. I'm very conscious of what I eat so I know about the B vitamins and what causes stress. (Julie)

> Now I can cope. I can cope with life. I learned how to deal with the feelings that periodically arise from thinking of my father. All those feelings come up and they are so overwhelming and normally I couldn't have dealt with it, but I can now. I can deal with people trying to victimize me and I can fight back. I can deal with stress. I can cope. Now if something tiny hinders my path, I'm not freaking out over it. I'm taking it in stride. (Katie)

Most discussed specific coping strategies that they found helpful to them. Common coping strategies included: talking to friends and family about problems and feelings, writing, breathing and visualizations, exercise, sports, positive thinking, activity involvement, listening and/or creating music, art, reading, and prayer. These coping strategies were important because they helped participants get their minds off negative thinking, provided emotional release, allowed them to develop skills and abilities, facilitated connections and positive relationships, and introduced new patterns of behavior which facilitated positive changes:

> Poetry has helped me through it a lot too, that's how I deal with stuff. It helps me focus on the issue and break it down into the components that it is and deal with it that way. I think that's a huge reason why I was able to deal with everything. If I could get it all out on paper I could just close the drawer and leave without all that baggage. It would be all on paper and out of my way. (Rebecca)

In addition to developing new coping skills, participants also changed how they used certain strategies. For example with writing, those whose journals or poetry were filled with dark, angry suicidal thoughts, look at life with greater optimism and started focusing more on “the positives” and “good things” in their written work. Similar changes were also reported in the music they listened to:

> Journaling has become more of a connecting to an inner wisdom sort of thing than just writing down all the reasons why I'm a horrible person. I don’t do that kind of stuff anymore. I just look at things more realistically. (Julie)

Summary

Participants’ made a challenging journey from the experience of adverse life circumstances, difficult emotional states, and suicidal thoughts to a place in their lives where they were healthy, happy and no longer suicidal. Despite several years of difficulty, they adapted by overcoming their distress and developing strength, competence, and self-esteem. From the participants’ points of view, the process was characterized by the interactions between the themes described within the five Core Categories: *Building Secure Attachments*, *Opening Up*, *Achieving Self-Determination*, *Developing Self-Understanding*, and *Creating a Life Worth Living*. As they connected with supportive individuals they began communicating more openly and felt empowered to make significant life changes. Through this process, their sense of worth and confidence increased and they became actively involved in giving their lives meaning and purpose. The result was that they no longer had suicidal thoughts or feelings and instead had a positive view of themselves, others, and the future.

All participants made statements consistent with the perception of themselves as resilient individuals. These statements speak to the dramatic changes experienced:

> It was such a negative horrible experience but I really feel that I have grown as a person that I'm a much better person having gone through it. When I have a bad experience now I just bounce back up, and I feel like a stronger person for that. I've dealt with a lot of shit and I've come out of it. I can honestly say now that I'm a good, happy person and believe that, and believe it when somebody else says it. I love that, I'm just in such a great place right now. (Rebecca)

> Looking back I think it's made me appreciate a lot of the things I do have now a lot more, like the friendships I have. I'm really blessed and grateful for them. I feel like it's definitely made me a stronger person to have experienced that. I feel more resilience… Since I've gone through all the hurt and all the pain and that entire episode in my life and everything that happened then, I feel like I'm less easily affected by things today. I have more perspective on things, that's what makes me resilient…. I feel grateful to have had that experience. I can't imagine myself having not gone through that episode, I just can't even imagine who I would be. I think it's made me a better person and a stronger person. (Jared)

> It's made me a stronger person… I think that any kind of hard time, as crappy as it is, will always help you, even when you feel that it sucks at that time…. I've learned about inner strength and other guidance through people. The caring and the persistence of others really help a person find their potential. So I mean that inner self worth and self-confidence really did come from all those experiences and from others. It's from the support and constant love of other people. I couldn't really attribute it to my own like

> getting through everything because I just feel like I had way too much support to be able to attribute it to just my own self. I think that makes a big difference to a lot of people. (April)

The process of healing facilitated participants' experiences of personal growth and development. Overwhelmingly, they reported that they appreciated having gone through the experience of despair and suicidality because they perceived it to have resulted in them learning about themselves, growing to become better people, and gaining inner strength. Participants were able to adjust effectively and not only recovered from personal difficulty, but gained strength and competence as a result.

Chapter Six

Discussion

The purpose of this study has been to examine how previously suicidal adolescents perceive the role of attachment relationships in the process of overcoming suicidality and the development of resilience. This chapter provides a discussion of the findings in the context of existing research and theory in the areas of suicidology, attachment, and resilience.

The Attachment-Resilience Model

The Attachment-Resilience Model has been developed from the interview data and is grounded in the stories of the study participants. The model illustrates the relationships, conceptual links, and interactions between the Core Categories (see Figure 3.).

The development of secure attachment and the experience of felt security laid the foundation for change in the adolescents' actions, beliefs, and self-perceptions. Secure attachment impacted the development of resilience both directly and indirectly through the four other Core Categories. Through changing life circumstances and participant willingness, all were able to connect with at least one important attachment figure through the process of *Building Secure Relationships*. With a background of newfound felt-security, participants felt safe enough to engage in the process of *Opening Up* which resulted in increased intimacy, trust and self-expression in relationships, and increased interaction with others. With secure relationships in place, participants increasingly turned to others for support when distressed and relied less upon maladaptive coping strategies. *Building Secure Attachments* provided participants with feelings of connection, love and support, which provided hope while empowering participants to take responsibility for creating their own happiness through *Achieving Self-Determination*. Guided by knowledge of the unconditional support of others, participants felt secure enough to take action and make necessary changes to improve their emotional health and well-being. Secure bonding facilitated changes in self-perceptions resulting in participants *Developing Self-Understanding.* This decreased suicidal thinking through the recognition of strengths, increased self-confidence, self-worth, and self-acceptance. Attachment created a positive view of self in relationship with others which provided meaning in life and reason for living. Participants became actively involved in *Creating a Life Worth Living* through the re-experience of joy and the creation of meaning and purpose. Increased involvement with family, friends, and activities resulted in the enjoyment of life and time spent with others. As participants started to care more about living, they also began taking better care of their physical and emotional health.

All Core Categories were closely related and interconnected, therefore, improvement in one area often resulted in development in others, and improvement occurred in multiple areas simultaneously though parallel processes. While *Building Secure Attachments* impacted the four other Core Categories and resilience directly, the themes within the four other Core Categories all interacted with each other to further impact their development as well as that of resilience. Moreover, improvements within these four Core Categories attributed to additional development within *Building Secure Attachments.* Resilience subsequently impacted further development within all Five Core Categories through recursive processes.

All participants completely overcame their suicidal thoughts and feelings and became healthy and happy individuals. Secure attachment allowed for positive adaptation despite adverse circumstances and contributed to the strength and resilience of participants. Participants felt that overcoming adversity provided strength and a new positive outlook. As a result of going through the process of overcoming suicidality participants gained resilient qualities, which enabled them to cope better with difficulty and recover from stresses more quickly. Because they were ultimately able to cope effectively with feelings of despair, most felt they were better equipped to handle future challenges successfully. Participants frequently stated that developing secure relationships provided them with a sense of purpose and an opportunity for personal growth;

consequently, life became worth living and participants became better at living life more fully.

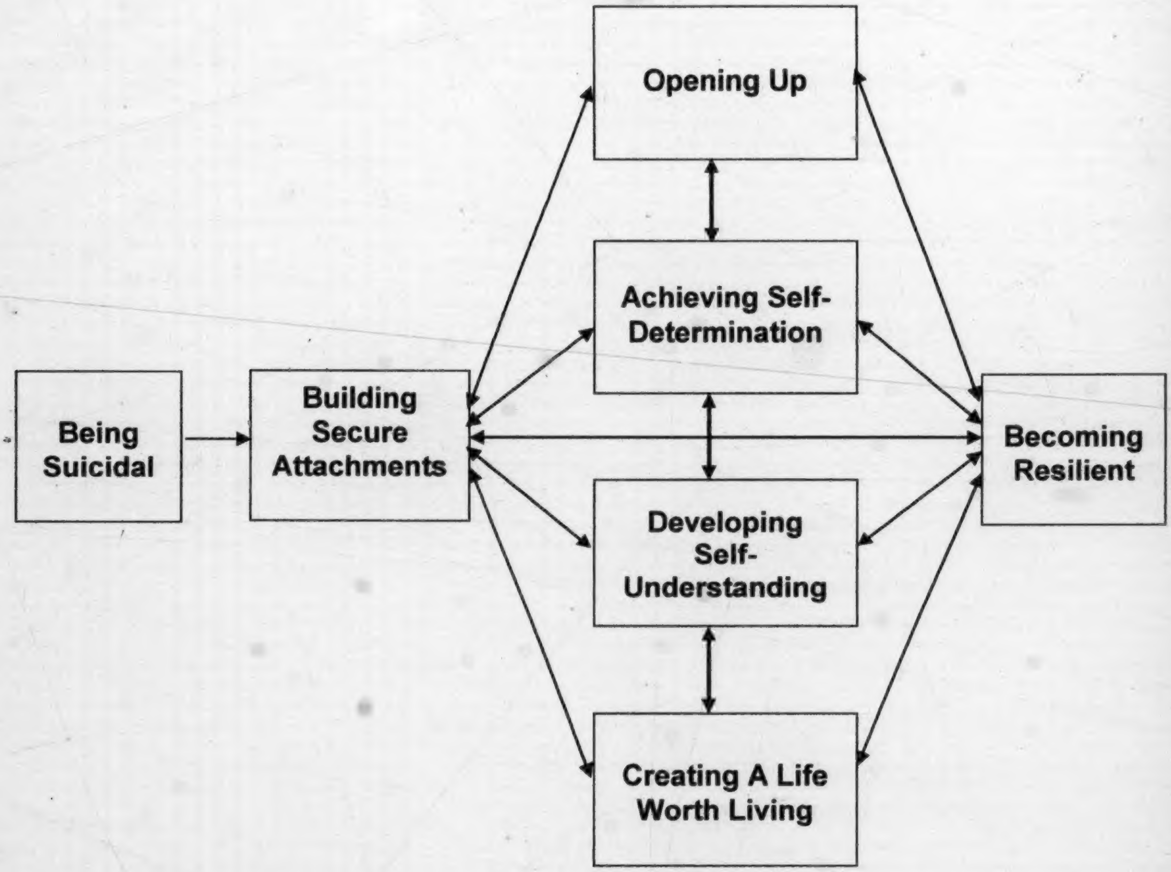
Opening Up
Achieving Self-Determination
Being Suicidal
Building Secure Attachments
Becoming Resilient
Developing Self-Understanding
Creating A Life Worth Living

Figure 3: Model illustrating the interaction of themes to produce resilience

Integration with the Existing Literature

The analysis completed for this study suggests that suicidal adolescents benefit from the development of secure attachment bonds and that security of attachment is important in the development of resilience. Participants consistently reported the creation of secure attachments as being pivotal to their healing from suicidal feelings. As outlined in the core category, *Building Secure Attachment,* all participants reported developing a close connection with at least one significant individual: a parent, a friend, a peer group, an extended family member, an extra-familial adult, a pet, and/or a spiritual connection. Despite emerging independently within the content of each participant's interview, the relationships themes described closely parallel the characteristics of secure attachment bonds. Secure attachment during adolescence is associated with trusting, warm, emotionally supportive relationships (Allen & Land, 1999). Participants described their relationships with attachment figures as providing unconditional love, care, comfort, support, acceptance, connection, belonging, and understanding. Importantly, it was these relationship qualities that started participants down the road towards healing.

Participants described interpersonal relationships as having qualitatively different characteristics, which distinguished them from the relationships they had previously experienced. Specific qualities relationships should have in order to function as attachment relationships have been proposed. According to Bowlby (1969/1982), attachment figures are targets of proximity seeking, provide a physical and emotional safe haven, and provide a secure base from which an individual can explore and develop. The reports of participants in this study are consistent with Bowlby's conceptualization of attachment relationships. Participants indicated that significant individuals were sought out for support when distressed, and that these relationships were relied on for comfort and reassurance. Additionally, the safety of the relationship provided the security and sense of connection necessary for them to open up to others, take control of their lives, develop important self-understanding, and make the changes necessary to find meaning and create a life worth living.

The attachment literature has shown that secure attachment benefits adolescents. Adolescents who report secure and trusting relationships with parents display higher levels of psychological well-being (Brown & Wright, 2003), social competence (Benson et al., 2006), life satisfaction (Buist et al., 2004),self-esteem (Parker & Benson, 2004), and self-efficacy (Coleman, 2003) in comparison to less secure peers . Similarly, secure attachment to close friends has been associated with positive well-being (Miller et al., 2002; Nickerson & Nagle, 2004) and higher self-esteem (Paterson et al., 1995). Consistent with these findings, participants who developed secure attachment with parents, parent surrogates and/or peers reported improvements in their mood, increased sense of self-worth, and the development of hope and well-being, which they found to be helpful in the process of healing from suicidal thinking.

Throughout the process of healing, participants reported significant transformations in their attachment relationships with their parents. Several, who had strained relationships with their parents during the time of adolescence reported reconnecting with a parent once significant changes, such as a divorce or a move away from home, occurred. Researchers have suggested that genuine transformations in the security of internal working models can occur across development (Weinfield et al., 2000). In particular, they propose that the developmental tasks of achieving autonomy from caregivers can allow adolescents experiencing negative attachment-related events to re-evaluate and transform internal working models (Weinfield et al., 2004). Participants' reports are consistent with view. They articulated dramatic improvements in parental attachments once they gained maturity and perceived increased independence.

Relationships with parents grew to become a significant source of comfort and support. Although adolescence is characterized by a decrease in parental reliance and involvement, relationships with caregivers continue to provide support and comfort in times of distress (Markiewicz et al., 2006). Research has shown that adolescents with secure attachment to parents during this time of transition display fewer psychological and interpersonal difficulties in comparison to those insecurely attached (Allen & Land, 1999). Consistent with the literature, those participants who were able to achieve felt security in their relationship with a parent reported that parental care and support was invaluable to their healing.

While the majority of research to date has focused on attachment between adolescents and their parents, this study found that it was the quality rather than the nature of the relationship that was most important. Most participants who experienced difficult relationships with their parents discussed being able to establish a secure attachment with another individual such as a friend, teacher or counsellor. Several sought out extra-familial adults who were able to provide additional support. According to Firestone, Firestone and Catlett (2003), relationships with extra-familial adults can provide affection, socialization, support, and guidance while having the advantage over parental relationships of offering adolescents an unbiased ally. Close friendships can serve as a forum for honest communication, mutual respect, and companionship, enhancing an individual's development. For participants, extra-familial individuals functioned as parent surrogates who were able to provide unconditional love, care, and support when parents were unavailable or unwilling (Cretzmeyer, 2003).

Researchers have proposed that the quality of attachment towards peers and significant others during adolescence plays a role in adaptive functioning that is perhaps more important than that of parental attachments (Trinke & Bartholomew, 1997). The adolescent years provide teenagers with the important opportunity to develop autonomy so as to gain life skills and no longer require as much parental support (Mounts, 2001). During this time, adolescents become less dependent on parents and attachment becomes transferred to relationships with peers who they increasingly rely on for support and connection (Markiewicz et al., 2006). According to participants, connections with important best friends or individuals in a close peer group fostered feelings of intimacy and belonging. Social interaction with peers helped to build a sense of safety and comfort in relationships which in turn led to participants taking risks and opening up to developing closer interpersonal connections. Additionally, peers acted as important sources of support for those who maintained difficult relationships with parents. Through close friendships, adolescents were able to compensate for insecure relationships with parents by seeking out and relying on more trusted peers (Nickerson & Nagle, 2005).

Several participants reported that relationships with romantic partners provided safety and support during times of distress. Those who were able to develop successful romantic relationships benefited from emotional intimacy, sharing of thoughts and feelings, and the experience of feeling loved and cared for (Collins & Sroufe, 1999). Positive feelings of self-worth and social competence arose from success in these relationships (Murray et al., 2000). Consistent with the literature in this area, participants' experiences with romantic attachments facilitated increased life-satisfaction, psychological health, and well-being (Leak et al., 2001).

Interestingly, several participants spoke of the importance of spiritual connection. Numerous studies have shown that religiosity lowers suicidal risk among adolescents and young adults (Stack, 2000; Greening & Stoppelbein, 2002; Zhang & Jin, 1996). Researchers have suggested a variety of ways that religion protects against suicidal ideation and behaviours such as: (1) committing members to core, life-saving beliefs (Stack, 1992); (2) providing church members with a sense of belonging and social support (Pescosolido & Georgianna, 1989), or (3) integrating members to the needs and goals of a larger group (Durkheim, 1966). Similarly, the participants in this study benefited from involvement in a spiritual community, which facilitated a sense of belonging and connection. Religious or spiritual beliefs also brought participants closer to a higher power who helped them during times of suicidal ideation by providing unconditional love and acceptance. Recent attachment literature has began to discuss the conceptualization of God as an attachment figure who is able to serve as a secure base for facing everyday challenges (Beck, 2006; Birgegard & Granqvist, 2004; Rowatt & Kirkpatrick, 2002; Sim & Loh, 2003) and a haven of safety in times of crisis (Kirkpatrick, 1999). Reports from participants confirmed this view as suicidal adolescents came to perceive their relationship with God as an attachment they could rely on for comfort, support, and care.

Researchers in the area of attachment have recently begun to treat attachment representations as being organized into a hierarchical model whereby individuals can possess multiple working models that correspond to attachments within relationships with specific people along with more general representations across domains (Sibley & Overall, 2007). Researchers have found that there is substantial variability in people's security of attachment from one relational partner to another and stress the importance of giving greater attention to within-person variability in attachment styles (La Guardia, Ryan, Couchman, & Deci, 2000). Studies suggest that the relationship-specific perceptions of attachment security reflect the variable quality of specific relationships rather than stable personality characteristics of individuals (Aspendorpf & Wilpers, 2000). In this study, most participants who described difficult relationships with parents were able to seek out and develop secure connections with other important individuals. In these cases, participants were able to establish a secure attachment relationship within a background of insecure parent-teen relationships. For participants, different types of relationships fulfilled different attachment needs at different points of time. Therefore, this study indicates that individuals can posses a variety of working models simultaneously and supports the view of attachment representations as a hierarchical model. Despite connecting with a variety of different individuals, participants' descriptions of felt-security were similar. Their reports of different relationship qualities across relationship types is consistent with the growing perception among researchers that it may be more useful to conceptualise and study attachment styles as relationship qualities rather than personality traits (Aspendorpf & Wilpers, 2000).

While few studies have examined associations between attachment styles and suicidal behavior, the results of this study support those conducted thus far. In comparison to suicidal adolescents, non-suicidal adolescents have been found to report more secure attachment representations (Violato & Arato, 2004; Wright at al., 2005). Adam (1994) proposed that the development of secure attachments could compensate for prior insecurity and lead individuals away from being suicidal. He indicated that secure attachment could protect against suicidal ideation because securely attached adolescents experiencing distress are likely to acknowledge their feelings and turn to supportive and trusted relationships for comfort. The results of this study are in agreement with Adam (1994). Participants reported that despite past relationship difficulties, success in establishing attachment bonds facilitated the increased reliance on others for support, resulting in the use of interpersonal communication and emotional expression as adaptive coping strategies.

Throughout the process of healing, participants increasingly opened up to the possibility of relying on others for support and receiving help from others when distressed. As they felt increasingly secure in their attachment relationships participants began to trust others with their feelings and concerns. One of the main goals of the attachment system is to promote adolescents to seek or maintain proximity to supportive individuals who are able to help cope with negative emotions and difficult life situations (Zimmerman et al., 2001). Securely attachment adolescents are able to cope more effectively with negative emotions in comparison to those insecurely attached (Cooper et al., 1998). Participants sought out supportive individuals in times of difficulty. By seeking out supportive individuals in times of distress and relying on others for emotional support, attachment bonds were strengthened and feelings of closeness and care in the relationship were augmented (Mikulincer & Shaver, 2005).

The participants' reports in this study are consistent with the resilience literature which has identified numerous family factors that serve to counteract risk and promote resilience in the presence of life stressors. Positive relationships between parents and adolescents have consistently been found to protect adolescents from future difficulties (Sandler et al., 2003). According to participants, parents who were sensitive and emotionally available sent the message that they were valued, loved and cared for (Egeland et al., 1993). Participants also benefited from parents who were able to provide support and guidance in challenging times (Dumont & Provost, 1999). In the same way, caring and mutually supportive relationships with siblings promoted positive behaviors (Jenson & Fraser, 2006). Overall, positive relationships between family members and the internalization of the family as a source of support impacted participants' development of resilience (Masten, 2001; Sandler et al., 2003).

Participants' reports agree with the numerous community factors that have been found to be associated with positive adaptation during adolescence. Resilience has been reported to positively correlate with peer support (Rosenblaum et al., 2005). Consistent with the literature, close relationships with peers served as a source for social skill enhancement and provided emotional support and an important sense of belonging (Updegraff et al., 2002). Peers also served as positive role models and participants benefited from companionship and activity-involvement (Smokowski et al., 1999). Finally, relationships with peers provided adolescents with an avenue to discuss their problems and emotions and facilitated the development of health and well-being (Carlton et al., 2006).

Relationships with extra-familial adults were particularly important for those who maintained difficult relationships with their parents. These relationships have been reported in the literature to compensate for risks associated with parental difficulties (Werner, 2000). Teachers were identified by several participants as serving as supportive figures and important role models (Eccels et al., 1993). Additionally, belief in God, the development of a spiritual connection, and/or involvement in organized religion were important in providing support and helping participants develop resilience during difficult times (Cook, 2000). Finally, participants benefited from participation in groups, extracurricular activities, hobbies, and volunteering which have been found in the literature to promote healthy adaptation (Fraser et al., 2004). Overall, participants' descriptions of the characteristics of relationships formed at the community level paralleled those of family members and were reported to serve an important role in participants' healing processes and the facilitation of resilience.

Close relationships have been reported to be a major contributor to resilience and well-being (Heller et al., 1999). Resilience research maintains that youth who have supportive and caring relationships with at least one adult in their community are likely to succeed despite severe hardship (Bernard, 2004). Warm, supportive family environments, peer relationships, and adult support systems outside the family have been correlated with resilience and life satisfaction (Nickerson & Nagle, 2004). While little direct research investigating the relationship between attachment and resilience has been done to date, numerous studies link family and interpersonal support to resilience, and it is unlikely that healthy support can exist without some degree of attachment (Atwool, 2006). The results of this study support the view that social support and close relationships serve to promote resilience among suicidal adolescents by way of attachment bonding (Werner & Smith, 2001).

Studies have demonstrated that the nature of parent-child attachments and peer relationships play a role in determining vulnerability or resilience in the face of adversity (Fergusson & Horwood, 2003; Masten & Powell, 2003). Kenny and Rice (1995) postulated that secure attachment models promote positive self-worth, which serves as an important protective factor, and enables individuals to develop well-being despite adverse circumstances. The results of this study support this theory as participants commonly reported that both secure attachments and increased self-esteem played an important role in their resilience. Researchers have also suggested that secure attachment can serve to buffer against stress by way of promoting successful coping patterns (Gomez & McLaren, 2006; Neria et al., 2001). Similarly, participants reported that secure attachment allowed for the reliance on others for support and led to enhanced coping, both of which facilitated the development of resilience.

The results of this study are further supported by the suicidality literature. Studies have documented that associations between perceived support and connection from family and friends serves to foster resilience and protect adolescents against suicidal ideation (Fergusson & Horwood, 2003; Tusaie et al., 2007). Specifically, supportive relationships with parents, peers, and school personnel have been shown to mitigate suicide risk (Kidd et al., 2006). Participants' reports in the current study support the view that secure attachments may protect adolescents from suicidal ideation and behavior by fostering resilience. The unconditional love from supportive individuals allowed participants to cope with stressful thoughts and feelings and perceive their essential worth as human beings thereby encouraging them to change to a mindset where suicide was no longer an option and their focus turned to developing well-being (Field et al., 2001).

Participants commonly described overcoming suicidal feeling to be associated with the process of *Opening Up*. With a background of security in relationships participants spoke of increasingly turning to others for support, gaining comfort with honest self-expression, engaging in intimate and emotionally expressive communication, and seeking out more social connections and interactions. Participants' reports are consistent with Werner and Smith (1992) who conducted a 30-year longitudinal study of children at risk and identified "being a good communicator" as one of several resilient quality that helped young people to be competent in the face of high-risk environments. Similarly, good interpersonal communication skills and strong social skills have been recognized as important characteristics of resilient adolescents (Hollister-Wagner et al., 2001).

Open communication, which includes active listening, respect, and empathy, allows adolescents to discuss their thoughts and feelings without the threat of rejection or ridicule (Dickerson & Crase, 2005). The literature stresses the importance of open communication with parents and peers during the time of adolescence (Nickerson & Nagle, 2004). Researchers have found that adolescents who report a close relationship with their parents and positive family communication have a lower risk for suicidality (Connor & Rueter, 2006; Fergusson et al., 2000; Gaber, Little, Hilsman & Weaver, 1998; Prinstein et al., 2000). Warmth and communication between adolescents and mothers in particular has been shown to have a direct negative association with adolescent suicidality (Connor & Rueter, 2006). Open communication has also been related to a greater ability deal with stress (Marta, 1997). On the other hand, suicidal adolescents report significantly less satisfying and less frequent communication with parents (Gould et al., 1996).

Parents who communicate openly with their adolescent children encourage them to have communicative peers, which in turn fosters the development of emotional well-being (Meeus, Oosterwegel & Vollebergh, 2002). Studies have shown that adolescents who are more connected within the community and are embedded in cohesive friendship groups are at lower risk for suicidal ideation (Bearman & Moody, 2004). It is friendship quality not quantity which has been associated with indicators of positive adjustment and well-being and positive friendship qualities including self-disclosure, companionship, loyalty, and affection have been found to promote positive emotional adjustment (Hussong, 2000). Peer communication and satisfaction with friends is significantly correlated (Nickerson & Nagle, 2004).

For participants, opening up to both parents and peers was important to their healing process. Study participants reported gaining comfort with emotional expression in relationships, which in turn created a sense of connection and intimacy. The sense of acceptance participants felt from the understanding conveyed by attachment figures went a long way to decreasing feelings of shame and low self-worth. Participants felt supported by individuals they could trust and in turn became more willing to seek out the help of others. Additionally, they found that talking about personal difficulties lessened the impact of personal problems (Grosz et al., 1995).

Participants' reports are in agreement with attachment research which has found that the re-establishment of psychological security occurs through the communication of negative emotions (Zimmerman et al., 2001). Individuals with secure attachment have been shown to seek closeness, express comfort with intimacy and engage in appropriate self-disclosure and emotional expressiveness (Ducharme et al., 2002). Attachment theory states that security, open communication, and understanding in relationships are related to positive outcomes, greater psychological and emotional well-being, and resilience

(Nickerson & Nagle, 2004; Svanberg, 1998). For participants, the formation of a secure attachment with a significant person allowed them to communicate more openly and connect with an important source of support.

Overcoming suicidality was associated with the process of *Achieving Self-Determination,* characterized by an increase in hope, belief in the possibility of future change and feelings of strength, personal control, and empowerment. Study participants reported a gradual increase in their level of hope as they began to feel more secure in attachment relationships. The significant relationships that participants developed increased their sense of hopefulness and optimism for the future. Little research to date has examined associations between hope and attachment or social relationships, however, Yarcheski, Scoloveno and Mahon (1994) did find that hopefulness was a mediator in the relationship between perceived social support and general well-being in adolescents. These researchers reported a positive relationship between perceived social support and general well-being, perceived social support and hopefulness, and hopefulness and general well-being. The results of the current study are consistent with these findings.

Hope provided participants with the ability to envision the possibility of change and a happier future. Adolescent research has shown that hope is positively correlated with global life satisfaction and inversely correlated with internalising and externalising behaviors (Valle, Huebner, & Suldo, 2004). Valle, Huebner and Suldo (2006) found that adolescents who report higher levels of hope appear to be less at risk for experiencing internalising behavior problems and reductions in life satisfaction when confronted with adverse life events. They also determined that high levels of hope served to reduce the effects of stress and adverse life events. Researchers have theorized that individuals characterized as being high in hope are better able to imagine and carry out adaptive coping strategies when faced with significant life stress (Horton & Wallander, 2001). High scores on hope scales have also been associated with positive social interactions, self-esteem, optimism, and academic achievement among school-age students (Snyder, Cheavens, & Sympsom, 1997). The results of this study support this research as participants reported hope to be associated with decreased suicidal ideation, increased sense of well-being, and improvements in their ability to cope with negative emotions and life-stresses. While hopelessness has commonly been associated with suicidality in the literature, no research to date has examined the relationship between hopefulness and overcoming suicidality. Similarly, no research has investigated possible relationships between hope and resilience.

The participants in this study commonly described increased feelings of empowerment and a sense of personal responsibility to be associated with the process of overcoming suicidal thinking. They began to take ownership over their problems and decided to make the changes necessary to make life better. Similarly, studies equate good mental health outcomes with a sense of personal and social empowerment. For example, Ungar and Teram (2000) found that a sense of personal and social empowerment was reported by adolescents to be associated with feeling mentally healthy. Feeling a sense of empowerment was also identified as a resilient quality in a study that surveyed more than 350,000 6th to 12th-grade student in 600 communities (Benson, 1997).

The development of empowerment is frequently associated with the period of adolescence in the literature. According to the model of adolescent empowerment proposed by Chinman and Linney (1998), adolescents engage in a process to develop a stable, positive identity by experimenting with different roles and incorporating the feedback of significant others. These researchers theorized that adolescents' involvement in an empowerment process may lead to the development of positive self-schemata, positive traits, positive labels, and in general, a positive identity. They highlight the role of some sort of crisis as a catalyst to the empowerment process. As they see it, the empowerment process involves undergoing crisis, taking actions, and subsequently growing as a result. Similarly, in this study, empowerment often surfaced as a result of learning to cope with negative emotions and suicidal thinking. Participants went on to perceive success in handling increased responsibilities and independence, which further reinforced their abilities to cope effectively. Consequently, a healthy identity developed in response to the successful adaptation to personal difficulty.

Throughout this study, a central element to participants' experiences was developing an attitude of responsibility and personal control. Participants commonly spoke of taking charge of creating their own happiness by pushing themselves to make important changes. Internal locus of control, the sense that one has influence over one's own experiences, has been researched in recent years and has been identified as a resilient quality (Bernard, 2004; Dumont & Provost, 1999; Leontopoulou, 2006). It has also been identified as a protective factor against suicidal ideation in young adults (Labelle & Lachance, 2003). In the present study, a sense of personal control often involved the realization that participants could choose how they respond to situations and circumstances and could actively be involved in changing negative thought patterns through reinterpretation and positive thinking. By focusing on the positive aspects of their lives and being proactive in making changes participants reported increased feelings of success and independence.

Participants' reports are consistent with research in the area of self-efficacy. According to Bandura (1993), individuals' beliefs about their ability to exercise control over their own actions and the events that affect their lives affect how they think, feel, and behave. A strong sense of personal efficacy encourages individuals to be more proactive and assertive at dealing with risks (Bandura, 1997). Magaletta and Oliver (1999) reported that hope, optimism, and self-efficacy predict general well-being among college students. They speculate that hope, self-efficacy, and optimism might all be thought of as cognitive sets that reflect a positive orientation toward experience and that might thus contribute to well-being. In addition, efficacy beliefs have been shown to enable adolescents to utilize effective coping strategies to deal with stress (Bandura, 1997). Results of this study add credence to these views.

Interpersonal relationships have been shown to have an important impact on feelings of self-efficacy. McFarlane and associates (1995) found that supportive parenting and supportive peer relationships increased adolescents' sense of self-efficacy, which in turn reduced depressive symptomatology. Bradley and Corwyn (2001) found that self-efficacy beliefs pertaining to peers and to the family served to moderate the relationship between home environment and well-being. Similarly, participants in this study reported that their perceptions of self-efficacy and personal control developed in an atmosphere of close and supportive relationships with significant individuals.

The process of *Developing Self-Understanding* was commonly reported by participants to be influential in their healing. This category was characterized by an increase in positive self-perceptions, including self-confidence, self-esteem, and self-acceptance as well as the development of optimism and a positive outlook. Study participants commonly spoke of gaining greater confidence in themselves as they undertook the healing process. Most often, self-confidence arose from success in relationships. As participants were able to connect with others they felt increasingly assured of their worth as individuals. The research shows significant associations between secure attachment and positive self-perceptions. Relationships with parents characterized by closeness and trust have been shown to help adolescents develop a positive self-image and gain confidence in their abilities to cope successfully with developmental challenges (Buist et al., 2004). Likewise, Lopez and Gormley (2002) found that college students with stable and secure attachment patterns exhibit greater confidence in their self-perceptions of physical appearance, social skills, and romantic relationships in comparison to insecure peers. In addition, secure attachment has been associated with more adaptive problem solving, greater ability to regulate negative emotions, and lower levels of depression. Overall the current study is consistent with this research. The development of secure attachment served to alter previously held negative self-perceptions and provided participants with positive feelings about themselves.

The literature has indicated that resilience is associated with positive self-concept, self-worth, and high self-esteem (Bell & Suggs, 1998; Davey et al., 2003; Dumont & Provost, 1999). Youth with high self-worth have positive feelings about themselves, their social environment, and their ability to successfully cope with life's challenges and to control what happens to them (Rutter, 2001; Werner, 2000). On the other hand, deficits in worth and self-esteem have been found to often accompany adolescent suicidal behavior (Fergusson et al., 2003; Groholt, Ekeberg, Wichstrom, & Haldorsen, 2005). Resilient adolescents develop positive perceptions of their self-worth which serves to guard against negative perceptions of daily stresses and increases the individual's belief in the capacity to cope (Dumont & Provost ,1999). For participants, the development of greater self-worth was another important aspect that was perceived to accompany decreased suicidal thinking. The increased self-esteem that participants experienced was helpful in allowing them to see their strengths and abilities and accept themselves as unique individuals. Increased self-worth also instilled confidence in participants' ability to cope successfully.

Research shows that the quality of attachment to parents and peers has important affects on adolescent self-esteem. For example, Parker and Benson (2004) found that higher parental support and parental monitoring were related to greater self-esteem and lower risk behaviors. Similarly, Wilkinson (2004) determined that adolescent attachment relationships with parents and peers play additive and complimentary roles in psychological well-being during adolescence. His study found that the relationships between peer and parental attachment and psychological health were mediated by self-esteem. The author concluded that the quality of relationships during this developmental period play an important role in the construction and evaluation of the adolescents self-concept and identity. The participants in this study commonly reported that the development of supportive connections helped to foster their growing sense of self-esteem and altered their previously held negative self-perceptions. Participants' reports support the existing research, which suggests that parental and peer attachment is associated with positive perceptions of self in adolescence, which in turn, is related to psychological health and well-being.

Goals represent an individual's strivings to achieve personal self-change, enhanced meaning, and purpose in life (Sheldon, Kasser, Smith, & Share, 2002). The resilience literature suggests that having goals, plans, and a sense of purpose promotes resilience in adolescents (Howard & Johnson, 2000; Levine, 2002). Participants commonly spoke of setting goals for themselves, which gave their lives focus and direction. They described gaining a sense of personal control and responsibility over their actions as they moved towards goal attainment. In contrast suicidal individuals have been found to rate their goals as less achievable and perceive that they have less control over succeeding than control participants (Vincent, Boddana, & MacLeod, 2004). It has been recognized that the ability to effectively pursue and progress towards important life goals is associated with increased psychological and physical well-being (Sheldon et al., 2002; Sheldon & Elliot, 1999). The importance of planning to well-being is further supported by the finding that those who report a propensity to plan show higher levels of well-being than those who do not (Prenda & Lachman, 2001).

Participants commonly reported that developing a positive outlook was a significant element of their healing process. They indicated that through increased self-awareness, they discovered ways to replace negative thinking with a more realistic outlook on themselves and life. Similarly, resilient individuals have been shown to maintain realistic and positive views of themselves, the world and the future (Werner & Smith, 2001). Optimism has been found to protect against internalizing disorders and enhance an individual's ability to cope with negative life events (Tusaie et al., 2007). For participants, adoption of a positive mindset allowed them to perceive a sense of control over negative emotions and cope more effectively with feelings of despair. Overall, participants' reports are consistent with the literature which suggests that perseverance, optimism, a positive approach to life, and a strong sense of purpose and future are associated with the development of resilience (Alvord & Grados, 2005; Smokowski et al., 1999).

Participants reported becoming actively involved in *Creating a Life Worth Living*. They took the initiative to find meaning and joy in life as well as adopt positive coping strategies and an increased focus on achieving health and well-being. For participants, interactions with friends, family members, and attachment figures were described as enjoyable activities, which created an important sense of purpose. Most spoke of also benefiting from becoming involved in meaningful groups and activities. The developmental benefits of participation in various meaningful roles and activities have been reported by a number of researchers (Hawkins, Catalano, & Miller, 1992; Maton, 1990). Adolescents learn numerous skills from activity involvement, including the important awareness of how to have significant influence and the knowledge of where, when, and how their skills can be used to make a contribution (Chinman & Linney, 1998). Study participants indicated similar benefits.

The participants in this study reported becoming increasingly involved in the community through sports activities, volunteering, mentoring students, and joining groups for worthwhile causes. They reported that community involvement was helpful in providing them with a sense of belonging through the development of important social connections. Additionally, participating in prosocial opportunities, learning new skills, and receiving recognition for involvement allowed participants to gain in confidence, critical awareness, self-efficacy, and self-esteem (Chinman & Linney, 1998). The current study is consistent with research in the area of adolescent community involvement, which has reported numerous positive effects (Chinman & Linney, 1998). Studies have shown that adolescents engaged in community service activities report decreased feelings of alienation (Calabrese & Schumer, 1986), and decreased involvement in delinquency and substance use (Blumenkrantz & Gavazzi, 1993). Maton (1990) found that involvement in meaningful activities was positively related to life satisfaction among adolescents and college students. Hamilton and Fenzel (1988) examined adolescent volunteer efforts and determined that youth learned valuable skills, gained confidence, and felt good about themselves as a result of their experiences. In addition, studies have demonstrated that participation in community service enhances self-perception, social competence, sense of responsibility, and commitment to the community (Albanesi, Cicognani & Zani, 2007).

Participants reported taking active steps to develop positive coping strategies. According to Jorgensen and Dusek (1990) adolescents respond to stress in ways that are appropriate and address the problem (positive coping) or in ways that are unhelpful, unhealthy, and not aimed at problem resolution (negative coping). Positive coping strategies include communicating to others and seeking support, exercising, relaxation, active problem-solving, and emotional regulation (Ayers, Sandler, West, & Roose, 1996). Negative coping strategies on the other hand include anger, blaming others, and avoidance mechanisms. Researchers have found that suicidal adolescents rely excessively on passive, avoidant coping methods such as social withdrawal and avoiding direct confrontation (Spirito, Francis, Overholser, & Frank, 1996). Evidence supports their tendency to ruminate about their problems and experience difficulty calming themselves (Zlotnick, Donaldson, Spirito, & Pearlstein, 1997). Depressed and suicidal adolescents also commonly report low levels of help-seeking intentions for suicidal thoughts (Carlton & Deane, 2000; Gould et al., 2004).

Coping strategies that were most effective for participants involved expressing emotions through interpersonal communication, writing, art, music, and prayer. These methods of self-expression allowed participants to learn to regulate their emotional states and provided participants with a greater sense of control over their emotional experiences. The adaptive coping strategies used by participants are consistent with the resilience literature (Davey, et al., 2003; Kitano & Lewis, 2005). For instance, positive coping strategies, such as positive reappraisal and problem-focused coping predict increases in psychological well-being and health (Affleck & Tennen, 1996), and are related to the incidence and continuance of positive affect (Folkman & Moskowitz, 2000). Studies of coping and resilience have shown that active coping strategies lead to more adaptive outcomes (Leontopoulou, 2006).

Researchers have emphasized that the promotion of resilience depends on building up self-confidence and competence through successful coping in previous stressful encounters (Seligman, Reivich, Jaycox, & Gillham, 1995). A similar process was reported by participants who gradually learned and put into practice adaptive coping strategies. These came to replace the negative, avoidant, and maladaptive strategies utilized while suicidal. Through repeated successes with new ways of coping, participants developed the belief that they would be able to be successful coping with future challenges. This reinforced their perceptions of resilience.

Strong research evidence indicates that social support plays a crucial part in successful coping (Pinkerton & Dolan, 2007). Social support assists resilience, has a buffering effect in dealing with stress and aids positive mental health (Rutter, 2001). A growing body of work suggests that attachment theory may be a useful framework to explain the benefit of social support and to help us understand why individuals differ in the ways they deal with stressors. Attachment theory posits that adolescents derive important coping resources from the secure attachments they develop (Seiffge-Krenke & Beyers, 2005). Support-seeking and active problem-solving has been positively related to secure attachment in adolescents (Greenberger & McLaughlin, 1998). Howard and Medway (2004) found that for securely attached adolescents stress triggers increases in family communication and decreases in negative avoidance coping. On the other hand, insecurely attached individuals tended to avoid positive coping strategies, possibly because they lack trust in others, feel unworthy of support, don't recognize the need for support, or are conflicted about seeking it. The findings of this study are consistent with the attachment research. As participants gained comfort and security in attachment relationships they increasingly turned to others to communicate unwanted emotions and relied on others for support during difficulties.

The results of this study are supported by several qualitative investigations examining treatment approaches with suicidal teenagers. Hoover and Paulson (1999) interviewed previously suicidal adolescents and found that the development of supportive connections was important in healing. Cutcliffe and Barker (2002) determined that the supportive and understanding relationships between nurses and suicidal patients served as an important intervention in treatment. Similarly, relationship factors that reflected understanding, acceptance, and respect were reported to be helpful for suicidal adolescents undergoing psychotherapy (Paulson & Everall, 2003). These qualitative findings stress the importance of interpersonal relationships in the healing process of suicidal individuals. The participants in this study identified similar relationship qualities as being important in their experiences.

The reports of the participants in this study support the conceptualization of resilience as a process. According to Richardson (2002), resilient qualities are attained through periods of disruption and reintegration. Participants reported becoming overwhelmed by stressors and going through a difficult time consistent with that of a "disruption", during which they struggled with their emotions and experienced suicidal ideation. Gradually participants began the "reintegration process" during which they time they connected with others, communicated more openly, developed increased self-understanding, and made important changes. Through this process participants acquired resilient qualities they had not previously possessed. These qualities, consistent with those described in the literature, included positive self-esteem (Davey et al., 2003), an internal locus of control (Dumont & Provost, 1999), good interpersonal communication and strong social skills (Hollister-Wagner et al., 2001), self-determination (Ryan & Deci, 2000), optimism (Tusaie et al., 2007), a positive approach to life (Alvord & Grados, 2005), adaptive coping strategies (Leontopoulou, 2006), and a strong sense of purpose and future (Smokowski et al., 1999). Importantly, all participants reported attaining "resilient reintegration" as a result of the process of overcoming suicidal ideation. As they developed resilient qualities they were better equipped to cope with ongoing life stresses and difficult events became more manageable. Going through the process of being suicidal and overcoming those feelings was reported by participants to be an important learning process which facilitated their growth and development and allowed them to move to a point of greater internal strength and resilience. Participants did more than just "bounce back" from adversity, they were able to grow and adapt in ways that will enable them to attain greater levels of health and positive well-being throughout their lives.

Considerations

Due to the voluntary nature of participation, the study sample was limited in its size, composition and representativeness. As a result, the experiences of other individuals may or may not be different. Grounded theory research is conducted using a small sample of a select population and therefore its generalizability is limited. However, the advantage of this method is its ability to access those areas of human experience not addressed using traditional research approaches. The objective of grounded theory research is not to yield generalizable theory but to develop intimacy with the phenomenon and theory directly related to the reality of those individuals involved (Rennie et al., 1988). To facilitate this, rich descriptions are presented and the readers themselves determine what meaningful connections relate to their experiences.

An understanding of individuals' experiences in this study could only be gained retrospectively resulting in the potential for lost or reconstructed memories. In order to preserve accuracy of reports, only those participants who had been suicidal within a three year time period were recruited. Although individuals were interviewed after having overcome suicidality, they were asked to identify perceptions from their current perspective looking back at the time they were suicidal and also to recall their thoughts, feelings, and beliefs as they remember them at the time of being suicidal. Research indicates that perceptions are important in gaining understanding of individuals' experiences. Although discrepancies may exist between the perceived realities and actual realities of adolescents, perceived reality has been associated with emotional adjustment and mental health (Gershefski, Arnkoff, & Glass, 1996; Ohannessian, Lerner, Lerner, & von Eye, 1995).

Implications for the Treatment of Suicidal Adolescents

The results of this study have important implications for practitioners working with suicidal adolescents. Using an attachment framework, therapists can focus treatment strategies on revising the adolescent's attachment model. Participants spoke of the importance of close interpersonal relationships and the desire to feel closer to others. The therapeutic relationship can be one avenue for the development of connection with adolescents. In order to be experienced as a secure base, it is important that therapists convey the necessary conditions including warmth, care, acceptance, commitment, and genuine interest. The assurance of appropriate confidentiality and presentation of a non-judgmental attitude would also serve to demonstrate that the relationship is safe and secure. It is also essential for therapists to communicate that they can be trusted to be present and will not abandon their clients when they are in need. The therapist's availability to adolescent clients signifies that they are important individuals for whom the therapist is willing to make time and get to know. Therapists can encourage and support adolescent clients by focusing on positive aspects of the individual through identifying strengths, abilities, and resources, in addition to showing interest in the adolescent's social context and worldview.

These findings stress the importance of the therapeutic relationship in working with suicidal individuals and support the utilization of a person-centred approach to treatment (Rogers & Soyka, 2004). Researchers have suggested that the therapeutic relationship is a common factor across therapeutic modalities which is central to effective psychotherapy with suicidal people (Leenaars, 2006). According to Leenaars (2006), suicidal individuals need to develop attachments to others in order to traverse their pain. They benefit greatly from close interpersonal interactions which convey empathy and allow them to feel listened to and understood. In establishing a secure and positive therapeutic relationship, the therapist provides an avenue to dispel the adolescent's belief of personal inadequacy and unworthiness and provides the opportunity for the adolescent to begin to gain comfort in close relationships.

The therapeutic relationship can be used to provide a foundation for the development of other meaningful relationships. Over time, counsellors can help clients strengthen their social resources outside of the therapy setting. Counsellors can assist clients in identifying peers, family members or other adults who can provide support, and together they can develop strategies for connecting with others. Adolescents can also be encouraged to explore social organizations (e.g. clubs, sports teams) which fit with their beliefs and interests. Increased group involvement can provide teenagers with opportunities to socialize, meet others with similar interests, and gain a sense of belonging. Clients can also be prompted to explore relationships that extend beyond the human form, such as those with animals or pets. When appropriate, adolescents can also be encouraged to pursue pre-existing spiritual beliefs and interests through research, reading, and involvement in religious groups. In this way therapists can encourage the development of nurturing attachment relationships outside of the therapeutic alliance that can serve to provide clients with ongoing support and reinforce positive self-perceptions.

If adolescents are open to improving relationships with parents, the possibility of family counselling could be discussed. Working with family members can provide the opportunity for the adolescent and family to re-establish secure relationships with one another (Overholser & Spirito, 2003). Therapy can focus on improving family communication and increasing parent-adolescent dialogue to reduce conflict and allow for discussion about problems and grievances. Therapists can support adolescents to express concerns directly to parents while encouraging parents to be patient, receptive, and understanding. Parents can learn and practice effective listening skills and parenting skills, including empathic listening and accepting strong emotions. Parents may be encouraged to accept and understand their adolescent's vulnerable emotions, reinforcing healthy attachment, and allowing new interpersonal skills to be developed. Family therapy can also facilitate open discussions around the adolescent's independence needs. Therapists can encourage families to communicate expectations about daily activities such as chores, curfews and allowance, along with problems related to school, peers and relationships. Therapists can help parents develop a proper balance of showing interest in the adolescent's activities without being over involved or controlling. The family provides a significant area for intervention because of its power to generate increased caring, empathy and support for suicidal individuals (Spirito, 1997). The introduction of healthy parent-teen interactions promotes emotional connection and new emotional experiences facilitate more intimate relationships. If adolescents are able to develop trusting and supportive relationships with caregivers, interactions with others may also improve. Family therapy would likely work best in situations were there is a minimal amount of family dysfunction and where parents are psychologically healthy and willing to learn to support their adolescents. In situations where significant marital discord exists, adolescents could benefit from the parents referral to marital therapy. Family therapy in situations of severe family dysfunction, if unsuccessful, poses the risk of increasing participants' perceptions of helplessness and frustrations with family interactions.

Safety in the therapeutic relationship allows adolescents to become more open to communication and emotional expression, both of which are instrumental to healing. The negative emotions that surface in therapy can serve as guiding themes for therapeutic work and be processed in ways that facilitate closeness and understanding. Emotion-focused techniques that help adolescents to recognize their emotions and process difficult and uncomfortable feelings in a secure environment may be helpful. Emotion-focused therapy allows adolescents to learn to approach, tolerate, and regulate their emotions by accepting and then utilizing the emotion to improve coping (Greenberg, 2004). Gaining comfort with intense negative emotions and understanding of ways to appropriately express these feelings provides adolescents with an enhanced ability to regulate their emotional states. Additionally, adolescents can be encouraged to express their feelings to those they trust in order for them to gain greater experience sharing emotionally intimate experiences. The use of journal writing, poetry, art, music, and other creative forms expression could be encouraged as appropriate outlets for emotional release. Furthermore, clients could benefit from instruction on the use of appropriate coping and self-care activities such as relaxation training and physical exercise.

Once the therapeutic relationship has been firmly established, interventions aimed at encouraging the development of resilient qualities could be helpful. Participants related that changes in their thought patterns and outlook were important and interventions in the cognitive domain can help to achieve this. Cognitive restructuring and other cognitive-behavioral strategies could be taught to adolescents to help them to alter maladaptive thought patterns and develop more positive and healthy ways of thinking. Clients can be encouraged to focus more on the positive aspects of themselves and their lives in order to foster the development of a positive outlook. Adolescents can also be invited to identify and participate in activities that they enjoy in the hope to building up their strengths and allowing them to experience opportunities for success and personal control. If cognitive-behavioral strategies are utilized with suicidal adolescents it is important that they be used selectively and that priority be given to maintaining a close therapeutic relationship, as research has shown that cognitive-behavioral therapy when used alone is ineffective for treating suicidal behavior among adolescents (Tarrier, Taylor & Gooding, 2008).

Finally, counselling should also focus on helping to empower adolescents to make changes in their lives to gain control and develop meaning. Adolescents may benefit from developing concrete, realistic goals and working to achieve them. Counsellors could help clients to identify and act upon making major or minor changes in their environment which could be influential. These could include finding a part-time job, moving away from home, pursuing educational opportunities, joining a social organization or becoming involved in a new activity. Additionally, opportunities that strengthen the adolescent's sense of meaning and purpose should also be sought out and clients should be encouraged to pursue activities, such as volunteering, where they feel they are making a positive contribution to the benefit of others. It is important that throughout this process counsellors identify the client's achievements and strengths in order to build hope and foster self-worth and confidence.

As the adolescents in this study reported, a secure attachment can foster resilience through changes to negative self-perceptions and to an increased sense of hope, self worth and value. The presence of one validating relationship can serve as a catalyst for the development of additional meaningful relationships, decrease an adolescent's fear of rejection, and facilitate the increased risk taking necessary to establish new relationships and a reliable support system. This research suggests that the relationships established through counselling or therapy can be instrumental in building confidence, challenging emotional and cognitive states, and providing the adolescent with a positive outlook and purpose for living, all of which serve to facilitate the process of healing.

While working with suicidal adolescents can provoke stress and anxiety on the part of some therapists, it is vital that therapists put aside personal discomforts in favor of conveying empathy and collaborating to develop the therapeutic alliance (Jobes, 2000). Otherwise, therapist anxiety about working with suicidal clients may influence an adolescent's comfort with communication and level of disclosure. While in cases when an individual is assessed as being at high risk for suicide there is an immediate need to keep the person out of danger (e.g. hospitalization, removing means), in lower risk cases, focusing on issues underlying suicidality is necessary for successful intervention. Participants described serious longstanding family and interpersonal difficulties and poor coping strategies which impacted the development of their suicidal behavior. Long-term intervention is likely required to address adolescents' experiences in depth. The therapist's involvement in establishing long-term goals to resolve fundamental emotional and interpersonal difficulties may be necessary. It may be helpful for therapists to focus on the strength and resilience of individual clients and the potential for their growth and healing as a means to decrease personal anxieties about client suicidality. As the participants in this study described their experiences with suicidality as opportunities for personal growth and achieved positive outcomes, resilience, and healthy coping strategies as a result of adversity, great potential exists for therapists working with adolescent clients to facilitate a similar process of healing.

Implications for Future Research

This investigation provides numerous opportunities for further research. The participants who were interviewed were all successful at turning their suicidality into opportunities to develop resilience. Further research could quantitatively examine the variables outlined in this study to determine the nature of the relationships between them. Specifically, research could examine associations between attachment status and suicidality, and longitudinal studies could be used to investigate whether changes in attachment status accompany changes in suicidality. Additionally, relationships between attachment status, suicidality, resiliency and resilient qualities such as hopefulness, internal locus of control, self-efficacy, self-esteem, positive outlook, sense of empowerment, social competence, self-determination, optimism, and communication skills could be studied. Research could also examine the resiliency process to determine in what way resilient qualities are acquired and utilized by adolescents and establish which qualities have the greatest impact on overcoming suicidality. Additionally, the role of attachment in the acquisition of resilient qualities could be investigated.

Also important would be an examination of early childhood attachments and possible correlates with adolescent suicidality and resiliency. Greater understanding of attachment throughout the developmental milestones of childhood and adolescence could be of value. Research looking into adolescents' experiences of the nature of specific relationships may provide further insight into adolescent attachment relationships and studies could explore differences between parental, peer, and surrogate-parent attachments. Additionally, studies examining the continuity of attachment could investigate the nature and process of alterations in attachment bonding. The role of attachment in other areas of psychological, social, and cognitive functioning could also be explored.

As this sample in this study contained only a minimal amount of diversity, further investigations could examine attachment, suicidality, and resilience using a larger, more ethnically diverse sample with a greater representation of males. A final direction for future research would be to examine any gender or cultural differences between the variables to determine any potential differences in the resiliency process.

Conclusions

Based on the perspectives of the individuals who overcame suicidality, the results of this study suggest that resilience is a complex and multidimensional process involving reciprocal interactions between the individual and the environment. Study participants reported that their experience of overcoming suicidality and the attainment of resilient integration was intimately linked with the formation of a secure relationship. The secure attachment relationship provided participants with the warmth, care, and support which was necessary for them to communicate openly with others and encouraged the development of further close relationships. Attachment created a positive view of self in relationships with others which increased self-confidence, self-worth, self-acceptance, and fostered appropriate self-understanding. Participants gained hope and a sense of empowerment, which prompted them to initiate changes that provided meaning in life and reasons for living.

Following the experience of the healing process, participants did not simply return to their prior level of functioning but reported that they grew and adapted in ways that led them to acquire coping skills and resilient qualities they previously were lacking. Participants were able to gain strength and achieve a greater level of health and positive well being through their experiences of personal difficulty. The development of secure attachment was a fundamental component of the resilience process.

References

Adam, K. S. (1994). Suicidal behavior and attachment: A developmental model. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 275-298). New York: The Guilford Press.

Adam, K. S., Keller, A., West, M. L., Larose, S., & Goszer, L. M. (1994). Parental representation in suicidal adolescents: A controlled study. *Australian and New Zealand Journal of Psychiatry, 28,* 418-425.

Adam, K. S., Sheldon-Keller, A. E., & West, M. (1996). Attachment organization and history of suicidal behavior in clinical adolescents. *Journal of Consulting and Clinical Psychology, 64*, 264-272.

Adams, D. M., Overholser, J. C., & Lehnert, K. L. (1994). Perceived family functioning and adolescent suicidal behavior. *Journal of the American Academy of Child and Adolescent Psychiatry, 33*, 498-507.

Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significant and dispositional underpinnings. *Journal of Personality, 64,* 899-922.

Ainsworth, M. D. (1991). Attachments and other affectional bonds across the life cycle. In C. M. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 160-183). London: Routledge.

Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Albanesi, C., Cicognani, E., & Zani, B. (2007) Sense of community, civic engagement and social well-being in Italian adolescents. *Journal of Community & Applied Social Psychology, 17,* 387-406.

Allen, J. P. & Hauser, S. T. (1996). Autonomy and relatedness in adolescent family interactions as predictors of young adults' states of mind regarding attachment. *Development and psychopathology, 8,* 793-809.

Allen, J. P., Hauser, S. T., Bell, K. L., & O'Connor, T. G. (1994). Longitudinal assessment of autonomy and relatedness in adolescent-family interactions as predictors of adolescent ego development and self-esteem. *Child Development, 65,* 179-194.

Allen, J. P., & Land, D. J. (1999). Attachment in adolescence. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications.* (pp. 319-335). New York: Guilford Press.

Allen, J. P., McElhaney, K. B., Kuperminc, G. P., & Jodl, K. M. (2004). Stability and change in attachment security across adolescence. *Child Development, 75,* 1792-1805.

Allen, J. P., Moore, C., Kuperminc, G. P., & Bell, K. L. (1998). Attachment and adolescent psychosocial functioning. *Child Development, 69*, 1406-1419.

Allison, S., Pearce, C., Martin, G., Miller, K., & Long, R. (1995). Parental influence, pessimism and adolescent suicidality. *Archives of Suicide Research, 1*, 229-242.

Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice, 36,* 238-245.

Andrews, J. A., & Lewinsohn, P. M. (1992). Suicidal attempts among older adolescents: Prevalence and co-occurrence with psychiatric disorders. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 655-662.

Armsden, G.C., & Greenberg, M.T. (1987). The inventory of parent and peer attachment: individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence, 16*, 427-453.

Arnett, J. (1992). Reckless behavior in adolescence: A developmental perspective. *Developmental Review, 12,* 339-373.

Arnett, J. (2001). Conceptions of the transition to adulthood: Perspectives from adolescence through midlife. *Journal of Adult Development, 8,* 133-143.

Aspendorpf, J. B., & Wilpers, S. (2000). Attachment security and available support: Closely linked relationship qualities. *Journal of Social and Personal Relationships, 17*, 115-138.

Atwool, N. (2006). Attachment and resilience: Implications for children in care. *Child Care in Practice, 12(4)*, 315-330.

Ayers, T. S., Sandler, I. N., West, S. G., & Roose, M. W. (1996). A dispositional and situation assessment of children's coping. Testing alternative models of coping. *Journal of Personality, 64*, 923–958.

Baldwin, M. W., & Fehr, B. (1995). On the stability of attachment style ratings. *Personal Relationships, 2*, 247-261.

Baldwin, M. W., Keelan, J. P. R., Fehr, B., Enns, V., & Kohn-Rangarajoo, E. (1996). Social-cognitive conceptualization of attachment working models: Availability and accessibility effects. Journal of Personality and Social Psychology, 71, 94-109.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28*, 117-148.

Bandura, A. (1997). *Self-efficacy:* The exercise of control. New York: Freeman.

Barnett, D., Ganiban, J., & Cicchetti, D. (1999). Maltreatment, negative expressivity, and the development of Type D attachments from 12 to 24 months of age. *Monographs of the Society for Research in Child Development, 64*, 97-118.

Bearman, P. S., & Moody, J. (2004). Suicide and friendships among American adolescents. *American Journal of Public Health, 94*, 89-95.

Beautrais, A. L. (2001). Suicides and serious suicide attempts: Two populations or one? *Psychological Medicine, 31*, 837-845.

Beck, R. (2006). God as a secure base: Attachment to God and theological exploration. *Journal of Psychology and Theology, 34*, 125-133.

Bell, C. C., & Suggs, H. (1998). Using sports to strengthen resiliency in children. *Sports Psychiatry, 7*, 859-865.

Benard, B. (2004). *Resiliency: What have we learned.* San Francisco, CA: WestEd.

Benson, P. L. (1997). *All kids are our kids.* Minneapolis: Search Institute.

Benson, M. J., McWey, L. M., & Ross, J. J. (2006). Parental attachment and peer relations in adolescence: A meta-analysis. *Research in Human Development, 3,* 33-43.

Bernard, M. E. (2004) Emotional resilience in children: Implications for rational emotive education. *Journal of Cognitive and Behavioral Psychotherapies, 4*, 39-52.

Biglan, A., Brennan, P. A., Foster, S. L., & Holder, H. D. (2004). *Helping adolescents at risk: Prevention of multiple problem behaviors.* New York: Guilford.

Birgegard, A. & Granqvist, P. (2004). The correspondence between attachment to parents and God: Three experiments using subliminal separation cues. *Personality and Social Psychology Bulletin, 30,* 1122-1135.

Biringen, Z. (1994). Attachment theory and research: Application to clinical practice. *American Journal of Orthopsychiatry, 64,* 405-420.

Blumenkrantz, D., & Gravazzi, S. M. (1993). Guiding transitional events for children and adolescents through a modern day rite of passage. *Journal of Primary Prevention, 13,* 199-211.

Boergers, J., Spirito, A., & Donaldson, D. (1998). Reasons for adolescent suicide attempts: Associations with psychological functioning. *American Academy of Child and Adolescent Psychiatry, 37,* 1287-1293.

Borst, S. R., Noam, G. G., & Bartok, J. A. (1991). Adolescent suicidality: A clinical-developmental approach. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 796-803.

Bostik, K. E. (2003). *Becoming suicidal: A grounded theory investigation of female adolescent attachment relationships.* Unpublished Master's thesis. University of Alberta.

Bostik, K. E., & Everall, R. D. (2006). In my mind I was alone: Suicidal Adolescents' perceptions of attachment relationships. *International Journal for the Advancement of Counselling,* 28, 269-287.

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds.* New York: Tavistock.

Bradley, R. H., & Corowyn, R. F. (2001). Home environment and behavioral development during early adolescence: The mediating and moderating roles of self-efficacy beliefs. *Merrill-Palmer Quarterly, 47,* 165-187.

Brent, D. A., Perper, J. A., Moritz, G., Baugher, M., Roth, C., Balach, L., et al. (1993). Stressful life events, psychopathology, and adolescent suicide: A case control study. *Suicide and Life-Threatening Behavior, 23*, 179-187.

Brody, G. H., Dorsey, D., Forehand, R., & Armistead, L. (2002). Unique and protective contributions of parenting and classroom processes to the adjustment of African American children living in single parent families. *Child Development, 73,* 274-286.

Brown, G. K., Beck, A. T., Steer, R. A., & Girsham, J. R. (2000). Risk factors for suicide in psychiatric outpatients: A 20-year prospective study. *Journal of Consulting and Clinical Psychology, 68,* 371-377.

Brown, L. S., & Wright, J. (2003). The relationship between attachment strategies and psychopathology in adolescence. *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 351-367.

Buist, K. L., Dekovic, M., Meeus, W., & van Aken, M. A. G. (2004). The reciprocal relationship between early adolescent attachment and internalizing and externalizing problem behavior. *Journal of Adolescence, 27*, 251-266.

Calabrese, R. L., & Schumer, H. (1986). The effects of service activities on adolescent alienation. *Adolescence, 21,* 675-687.

Campbell, N. B., Milling, L., Laughlin, A., & Bush, E. (1993). The psychosocial climate of families with suicidal pre-adolescent children. *American Journal of Orthopsychiatry, 63*, 142-145.

Carlson, E. A. (1998). A prospective longitudinal study of disorganized/disoriented attachment. *Child Development, 69,* 1107-1128.

Carlson, E. A., & Sroufe, L. A. (1995). Contribution of attachment theory to developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology* (Vol. 1: Theory and methods, pp. 581-617). New York: John Wiley & Sons.

Carlton, B. S., Goebert, D. A., Miyamoto, R. H., Andrade, N. N., Hishinuma, E. S., Makini, G. K., et al. (2006). Resilience, family adversity and well-being among Hawaiian and non-Hawaiian adolescents. *International Journal of Social Psychiatry, 52,* 291-308.

Carlton, P., & Deane, F. P. (2000). Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence, 23,* 35–45.

Cassidy, J., & Mohr, J. J. (2001). Unsolvable fear, trauma, and psychopathology: Theory, research, and clinical considerations related to disorganized attachment across the lifespan. *Clinical Psychology Science and Practice, 8,* 275-298.

Center for Disease Control. (2006). Youth risk behavior surveillance – United States, 2005. *Morbidity and Mortality Weekly Report, 55,* 1-108.

Charmaz, K. (1995). Grounded theory. In J. A. Smith, R. Harre & L. Van Langenhove (Eds.), *Rethinking methods in psychology*. Thousand Oaks, CA: Sage Publication.

Chinman, M.J., & Linney, J.A. (1998). Toward a model of adolescent empowerment: Theoretical and empirical evidence. *The Journal of Primary Prevention, 18,* 393-413.

Cicchetti, D., & Rogosch, F.A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology, 9,* 797-815.

Cicchetti, D., Rogosch, F. A., Lynch, M., & Holt, K. D. (1993). Resilience in maltreated children: Processes leading to adaptive outcome. *Development and Psychopathology, 5,* 629–647.

Cole, A., & Kerns, K. (2001). Perceptions of sibling qualities and activities of early adolescents. *Journal of Early Adolescence, 21,* 204-227.

Cole-Detke, H., & Kobak, R. (1996). Attachment processes in eating disorders and depression. *Journal of Consulting and Clinical Psychology, 64,* 282-290.

Coleman, P. K. (2003). Perceptions of parent-child attachment, social self-efficacy, and peer relationships in middle childhood. *Infant and Child Development, 12,* 351-368.

Collins, N. L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. *Journal of Personality and Social Psychology, 71,* 810-832.

Collins, N. L., Cooper, M. L., Albino, A., & Allard, L. (2002). Psychosocial vulnerability from adolescence to adulthood: A prospective study of attachment style differences in relationship functioning and partner choice. *Journal of Personality, 70,* 965-1008.

Collins, W. A., & Repinski, D. J. (1994). Relationships during adolescence: Continuity and change in interpersonal perspective. In R. Montemayor, G. R. Adams, & T. P. Gullotta (Eds.), *Personal relationships during adolescence* (pp. 7-36). Thousand Oaks, CA: Sage.

Collins, W. A., & Sroufe, L. A., (1999). Capacity for intimate relationships: A developmental construction. In W. Furman, B. B. Brown, & C. Feiring (Eds.), *The development of romantic relationships in adolescence* (pp. 125-147). Cambridge, UK: Cambridge University Press.

Connor, J. J., & Rueter, M. A. (2006). Parent-Child relationships as systems of support or risk for adolescent suicidality. *Journal of Family Psychology, 20,* 143-155.

Cook, K. V. (2000). You have to have somebody watching you back, and if that's God, then that's mighty big: The church's role in the resilience of inner-city youth. *Adolescence, 35,* 717-730.

Cooper, M. L., Shaver, P. R., & Collins, N. L. (1998). Attachment styles, emotion regulation, and adjustment during adolescence. *Journal of Personality and* Social Psychology, 74, 1380-1397.

Cowen, E. L., Wyman, P. A., & Work, W. C. (1996). Resilience in highly stressed urban children: Concepts and findings. *Bulletin of the New York Academy of Medicine, 73*, 267-284.

Cretzmeyer, S. (2003). Attachment theory applied to adolescents. In P. Erdman & T. Caffery (Eds.), *Attachment and Family Systems: Conceptual, Empirical, and Therapeutic Relatedness* (pp. 65-77). New York: Brunner-Routledge.

Cutcliffe, J. R. (2003). Research endeavors into suicide: A need to shift the emphasis. *British Journal of Nursing, 12*(2), 92-99.

Cutcliffe, J. R., & Barker, P. (2002). Considering the care of the suicidal client and the case for engagement and inspiring hope or observations. *Journal of Psychiatric and Mental Health Nursing, 9*, 611-621.

Cutcliffe, J. R., Joyce, A., & Cummins, M. (2004). Building a case for understanding the lived experiences of males who attempt suicide in Alberta, Canada. *Journal of Psychiatric and Mental Health Nursing, 11*, 305-312.

Davila, J., & Daley, S. E. (2000). Studying interpersonal factors in suicide: Perspectives from depression research. In T. E. Joiner & M. D Rudd (Eds.), *Suicide science: Expanding the boundaries* (pp. 175-200). Boston: Kluwer Academic Publishers.

Davey, M., Eaker, D. G., & Walters, L. H. (2003). Resilience processes in adolescents: Personality profiles, self-worth, and coping. *Journal of Adolescent Research, 18,* 347-362.

Davis, D., Shaver, P. R., Vernon, M. L. (2003). Physical, emotional and behavioral reactions to breaking up: The roles of gender, age, emotional involvement, and attachment style. *Personality and Social Psychology Bulletin, 29,* 871-884.

de Jong, M. (1992). Attachment, individuation, and risk of suicide in late adolescence. *Journal of Youth and Adolescence, 21,* 357-373.

Dekovic, M., & Meeus, W. (1997). Peer relations in adolescence: Effects of parenting and adolescent's self-concept. *Journal of Adolescence, 20*, 163-176.

Diamond, L. M. & Aspinwall, L. G. (2003). Emotion regulation across the lifespan: An integrative approach emphasizing self-regulation, positive affect, and dyadic process. *Motivation and Emotion*, 27, 125-156.

Dickerson, A. D., & Crase, S. J. (2005). Parent-adolescent relationships: The influence of multi-family therapy group on communication and closeness. *The American Journal of Family Therapy, 33,* 45-59.

Diekstra, R. F. W. (1993). The epidemiology of suicide and parasuicide. *Acta Psychiatrica Scandinavica, Suppl, 371,* 9-20.

Ducharme, J., Doyle, A., & Markiewicz, D. (2002). Attachment security with mother and father: Associations with adolescents' reports of interpersonal behavior with parents and peers. *Journal of Social and Personal Relationships, 19,* 203-231.

Dumont, M., & Provost, M. A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence, 28,* 343-363.

Durkheim, E. (1966). *Suicide*. New York: Free Press.

Eccles, J. S, Midgley, C., Wigfield, A., Buchanan, C. M., Reuman, D., & Flanagan, C. et al. (1993) Development during adolescence: The impact of stage Euro environment fit on young adolescents' experiences in schools and in families. *American Psychologist, 48,* 90-101.

Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Development and Psychopathology, 5,* 517–528.

Engels, R. C. M. E., Finkenauer, C., Meeus, W., & Dekovic, M. (2001). Parental attachment and adolescent's emotional adjustment: The associations with social skills and relational competence. *Journal of Counseling Psychology, 48,* 428-439.

Everall, R. D. (2000). The meaning of suicide attempts in young adults. *Canadian Journal of Counselling, 34,* 111-125.

Everall, R. D., Altrows, K. J., & Paulson, B. L. (2006). Creating a Future: A Study of Resilience in Suicidal Adolescents. *Journal of Counseling and*

Development, 84, 461-471.

Fergusson, D. M., Beautrais, A. L., & Horwood, L. J. (2003). Vulnerability and resiliency to suicidal behaviors in young people. *Psychological Medicine, 33*, 61-73.

Fergusson, D. M., & Horwood, L. J. (2003). Resilience to childhood adversity: Results of a 21-year study. In S. S. Luthar (Ed.), *Resiliency and vulnerability: Adaptation in the context of childhood adversities* (pp. 130-155). New York: Cambridge University Press.

Fergusson, D. M., & Lynskey, M. T. (1996). Adolescent resiliency to family adversity. *Journal of Child Psychology, 37*, 281-292.

Fergusson, D. M., Woodward, L. J., & Horwood, L. J. (2000). Risk factors and life processes associated with the onset of suicidal behavior during adolescence and early adulthood. *Psychological Medicine, 30*, 23-39.

Field, T., Diego, M., & Sanders, C. E. (2001). Adolescent suicidal ideation. *Adolescence, 36*, 241-248.

Firestone, R. W., Firestone, L. A. & Catlett, J. (2003). *Creating a life of meaning and compassion: The wisdom of psychotherapy.* Washington, D.C: American Psychological Association.

Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist, 55*, 647–654.

Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., et al. (1996). The relation of attachment status, psychiatric classification and response to psychotherapy. *Journal of Consulting and Clinical Psychology, 64*, 22-31.

Fraley, R. C. (2007). A connectionist approach to the organization and continuity of working models of attachment. *Journal of Personality, 75*, 1157-1180.

Fraser, M. W., Kirby, L.D., & Smokowski, P. R. (2004). Risk and resilience in childhood. In. M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 13-66). Washington, DC: NASW Press.

Furman, W., & Wehner, E. H. (1997). Adolescent romantic relationships: A developmental perspective. In S. Shulman & W. A. Collins (Eds.), *Romantic relationships in adolescence: Developmental perspectives* (pp. 21-26). San Francisco: Jossey-Bass.

Gaber, J., Little, S., Hilsman, R., & Weaver, K. R. (1998). Family predictors of suicidal symptoms in young adolescents. *Journal of Adolescence, 21,* 445-457.

Garmezy, N. & Masten, A. S. (1994). Chronic adversities. In M. Rutter, L. Herzov, & E. Taylor (Eds.), *Child and adolescent psychiatry* (pp. 191-208). Oxford: Blackwell Scientific.

Gershefski, J. J., Arnkoff, D. B., Glass, C. R. (1996). Clients' perceptions of treatment for depression: Helpful aspects. *Psychotherapy Research, 6,* 233-247.

Glaser, B. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory.* Mill Valley, CA: The Sociological Press.

Glaser, B. (1992). *Basics of grounded theory analysis: Emergence vs. forcing.* Mill Valley, CA: The Sociological Press.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory.* New York: Aldine Publishing Company.

Goldberg, S. (2000). Attachment and emotion regulation. In *Attachment and Development* (pp. 133-149). New York: Oxford University Press.

Goldney, R. D. (2002). A global view of suicidal behavior. *Emergency Medicine, 14*, 24-34.

Gomez, R., & McLaren, S. (2006). The association of avoidance coping styles, and perceived mother and father support with anxiety/depression among late adolescents: Applicability of resiliency models. *Personality and Individual Differences, 40,* 1165-1176.

Gould, M. S., Fisher, P., Parides, M., Flory, M., & Shaffer, D. (1996). Psychosocial risk factors of child and adolescent completed suicide. *Archives of General Psychiatry, 53*, 1155-1162.

Gould, M. S., Shaffer, D., Fisher, P., & Garfinkel, R. (1998). Separation/Divorce and child and adolesent completed suicide. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 155-162.

Gould, M. S., Velting, D., Kleinman, M., Lucas, C., Thomas, J. G., & Chung, M. (2004). Teenagers' attitudes about coping strategies and help-seeking behavior for suicidality. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 1124-1133.

Greenberg, L.S. (2004). Emotion-focused therapy. *Clinical Psychology and Psychotherapy, 11,* 3-16.

Greenberg, M. T. (1999). Attachment and psychopathology in childhood. In J. Cassidy and P. R. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications* (pp. 469-496). New York: Guilford.

Greenberger, E., & McLaughlin, C. S. (1998). Attachment, coping and explanatory style in late adolescence. *Journal of Youth and Adolescence, 27,* 121–139.

Greening, L., & Stoppelbein, L. (2002). Religiosity, attributional style, and social support as psychological buffers for african american and white adolescents' perceived risk for suicide. *Suicide and Life-Threatening Behavior, 32*, 404-417.

Gribble, P. A., Cowen, E. L., Wyman, P. A., Work, W. C., et al. (1993). Parent and child views of parent-child relationship qualities and resilient outcomes among urban children. *Journal of Child Psychology and Psychiatry, 34,* 507-519.

Groholt, B., Ekeberg, O., Wichstrom, L., & Haldorsen, T. (2005). Suicidal and nonsuicidal adolescents: Different factors contribute to self-esteem. *Suicide and Life-Threatening Behavior, 35,* 525-535.

Grossman, K. E., & Grossman, K. (1991). Attachment quality as an organizer of emotional and behavioral responses in a longitudinal perspective. In C. M. Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), *Attachment across the life Cycle* (pp. 93-114). London: Routledge.

Grossman, K. E., Grossman, K., & Zimmerman, P. (1999). A wider view of attachment and exploration: Stability and change during the years of immaturity. In J. Cassidy & P.R. Shaver (Eds), *Handbook of attachment* (760-786). New York: Guilford Press.

Grosz, D. E., Zimmerman, J. K., & Asnis, G. M. (1995). Suicidal behavior in adolescents: A review of risk and protective factors. In J. K. Zimmerman & G. M. Asnis (Eds.), *Treatment approaches with suicidal adolescents* (pp. 17-43). New York: Wiley.

Hamilton, C. E. (2000). Continuity and discontinuity of attachment from infancy through adolescence. *Child Development, 71*(3), 690-694.

Hamilton, S. F., & Fenzel, L. M. (1988). The impact of volunteer experiences on adolescent development: Evidence of program effects. *Journal of adolescent Research, 3,* 65-80.

Hammen, C., Burge, D., Daley, S. E., Davila, J., Paley, B., & Rudolph, K. (1995). Interpersonal attachment cognitions and prediction of symptomatic responses to interpersonal stress. *Journal of Abnormal Psychology, 104,* 436-443.

Hankin, B. L. (2006). Childhood maltreatment and psychopathology: Prospective tests of attachment, cognitive vulnerability, and stress and mediating processes. *Cognitive Therapy and Research, 29(6),* 645-671.

Harvey, M., & Byrd, M. (2000). Relationships between adolescents' attachment styles and family functioning. *Adolescence, 35*, 345-356.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112,* 64-105.

Hawton, K., Fagg, J., & Simkin, S. (1996). Deliberate self-poisoning and self-injury in children and adolescents under 16 years of age in Oxford, 1976-1993. *British Journal of Psychiatry, 169*, 202-208.

Hazan, C., & Zeifman, D. (1994). Sex and the psychological tether. *Advances in Personal Relationships, 5,* 151-177.

Hazler, R. J., & Denham, S. A. (2002). Social isolation of youth at risk:

Conceptualizations and practical implications. *Counseling and Development, 80,* 403-410.

Health Canada (2006). *A report on mental illness in Canada*. Ottawa: Canadian Catalogue in Publishing Data.

Heller, S. S., Larrieu, J. A., d'Imperio, R., & Boris, N. W. (1999). Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect, 23,* 321-338.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D, & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in youth.* New York, N.Y: Guilford.

Hexel, M. (2003). Alexithymia and attachment style in relation to locus of control. *Personality and Individual Differences, 35,* 1261-1270.

Hilton, S. C., Fellingham, G. W., & Lyon, J. L. (2002). Suicide rates and religious commitment in young adolescent males in Utah. *American Journal of Epidemiology, 155*, 413-419.

Higgins, G. (1994). *Resilient adults: Overcoming a cruel past.* San Francisco: Jossey-Bass.

Hollister-Wagner, G. H., Foshee, V. A., & Jackson, C. (2001). Adolescent aggression: Models of resiliency. *Journal of Applied Social Psychology, 31,* 445-566.

Hoover, M. A., & Paulson, B. L. (1999). Suicidal no longer. *Canadian Journal of Counselling, 33*, 227-245.

Horton, T. V., & Wallander, J. L. (2001). Hope and social support as resilience factors against psychological distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology, 46,* 382-399.

Howard, M. S., & Medway, F. J. (2004). Adolescents' attachment and coping with stress. *Psychology in the Schools, 41*, 391-402.

Howard, S., & Johnson, B. (2000). What makes the difference? Children and teachers talk about resilient outcomes for children 'at risk.' *Educational Studies, 26,* 321-337.

Husain, S. A. (1990). Current perspectives on the role of psychosocial factors in adolescent suicide. *Psychiatric Annals, 20*, 122-127.

Hussong, A. M. (2000). Perceived peer context and adolescent adjustment. *Journal of Research on Adolescence, 10*, 391-415.

Ireland, J. L., & Power, C. L. (2004). Attachment, emotional loneliness, and bullying behaviour: A study of adult and young offenders. *Aggressive Behavior, 30*, 298-312.

Jenson, J. M., & Fraser, M. W. (2006). *Social policy for children and families: A risk and resilience perspective*. Thousand Oaks, CA: Sage Publications.

Jobes, D. A. (2000). Collaborating to prevent suicide: A clinical-research perspective. *Suicide and Life-Threatening Behavior, 30,* 8-17.

Jorgensen, R. S., & Dusek, J. B. (1990). Adolescent adjustment and coping strategies. *Journal of Personality, 58*, 503–513.

Kaufman, J., & Charney, D. (2001). Effects of early stress on brain structure and function: Implications for understanding the relationship between child maltreatment and depression. *Development and Psychopathology, 13,* 451-471.

Kelley, T. M., Lynch, K. G., Donovan, J. E., & Clark, D. B. (2001). Alcohol use disorders and risk factor interactions of adolescent suicidal ideation and attempts. *Suicide and Life-Threatening Behavior, 31*, 181-193.

Kenny, M. E., & Rice, K. G. (1995). Attachment to parents and adjustment in late adolescent college students: Current status, applications, and future considerations. *The Counselling Psychologist, 23*, 433-456.

Kidd, S., Henrich, C. C., Brookmeyer, K. A., Davidson, L., King, R. A., & Shahar, G. (2006). The social context of adolescent suicide attempts: Interactive effects of parent, peer, and school social relations. *Suicide and Life-Threatening Behavior, 36,* 386-395.

King, C., Segal, H., Kaminski, K., Naylor, M., Ghaziuddin, N., & Radpour, L. (1995). A prospective study of adolescent suicidal behavior. *Suicide and Life-Threatening Behavior, 25*, 327-338.

Kirkpatrick, L. A. (1999). Attachment and religious representations and behavior. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory,* *research, and clinical applications* (pp. 803-822). New York: Guilford Press.

Kitano, M. K., & Lewis, R. B. (2005). Resilience and coping: Implications for gifted children and youth at risk. *Roeper Review, 27*, 200-205.

Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I., & Gould, M. S. (2006). Bullying, depression and suicidality in adolescents. *Child & Adolescent* Psychiatry, 46, 40-49.

Kosky, R., Silburn, S., & Zubrick, S. (1990). Are children and adolescents who have suicidal thoughts different from those who attempt suicide? *Journal of Nervous and Mental Disease, 178*, 38-43.

Kritzas, N., & Grobler, A. (2005). The relationship between perceived parenting styles and resilience during adolescence. *Journal of Child and Adolescent Mental Health, 17*, 1-12.

Kroger, J. (2000). Ego identity status research in the new millennium. *International Journal of Behavioral Development, 24*, 145-148.

Labelle, R., & Lachance, L. (2003). Locus of control and academic efficacy in the thoughts of life and death of young Quebec university students. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 24*, 68-72.

La Guardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: A Self-determination theory perspective on attachment, need fulfillment and well-being. *Journal of Personality and Social Psychology, 79*, 367-384.

Langlois, S. & Morrison, P. (2002). Suicide deaths and suicide attempts. *Health* Reports, 13, 9-22.

Larson, R. W., Moneta, G., Richards, M. H., Holmbeck, G., & Duckett, E. (1996). Changes in adolescents' daily interactions with their families from ages 10 to 18: Disengagement and transformations. *Developmental Psychology, 32*, 744-754.

Larson, R. W., Moneta, G., Richards, M. H., & Wilson, S. (2002). Continuity, stability, and change in daily emotional experience across adolescence. *Child Development, 73*, 1151-1165.

Leak, G. K., Creighton, U., & Omaha, N. E. (2001). Self-determination, attachment styles, and well-being in adult romantic relationships. *Representative Research in Social Psychology, 25,* 55-62.

Lee, J. M., & Bell, N. J. (2003). Individual differences in attachment-autonomy configurations: Linkages with substance use and youth competencies. *Journal of Adolescence, 26*, 347-361.

Leenaars, A. A. (2006). Psychotherapy with suicidal people: The commonalities. *Archives of Suicide Research, 10,* 305-322.

Leontopoulou, S. (2006). Resilience of Greek youth at an educational transition point: The role of locus of control and coping strategies as resources. *Social Indicators Research, 76,* 95-126.

Lessard, J. C., & Moretti, M. M. (1998). Suicidal ideation in an adolescent clinical sample: Attachment patterns and clinical implications. *Journal of Adolescence, 21*, 383-395.

Levine, S. (2002). *Against terrible odds: Lessons in resilience from our children.* Boulder, CO: Bull Publishing Company.

Lewis, M., Feiring, C., & Rosenthal, S. (2000). Attachment over time. *Child Development, 71*, 707-720.

Liddle, H. A., & Schwartz, S. J. (2002). Attachment and family therapy: Clinical utility of adolescent-family attachment research. *Family Process, 41*, 455-476.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills: Sage Publications, Inc.

Lopez, F. G., & Gormley, B. (2002). Stability and change in adult attachment style over the first-year college transition: Relations to self-confidence, coping, and distress patterns. *Journal of Counselling Psychology, 49*, 355-364.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.

Luthar, S. S., & Zigler, E. (1991). Vulnerability and competence: A review of research on resilience in childhood. *American Journal of Orthopsychiatry, 61*, 6-22.

Lyon, M. E., Benoit, M., O'Donnell, R. M., Getson, P. R., Silber, T., & Walsh, T. (2000). Assessing African-American adolescents' risk for suicide attempts: Attachment theory. *Adolescence, 35*, 121-134.

Lyons-Ruth, K., & Jacobovitz, D. (1999). Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, research and clinical applications* (pp. 651-693). New York: Cambridge University Press.

Main, M. (1995). Attachment: Overview, with implication for clinical work. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407-474). Hillsdale, NJ: Analytic Press.

Main, M., Kaplan, N., & Cassidy, J. (1985). Security of infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), Growing points of attachment theory and child development. *Monographs of the Society for Research in Child Development, 50,* (1-2, Serial No. 209), 66-104. Chicago: University of Chicago Press.

Maio, G. R., Fincham, F. D., & Lycett, F. J. (2000). Attitudinal ambivalence Toward parents and attachment style. *Personality and Social Psychology Bulletin, 26,* 1451-1464.

Magaletta, P. R., & Oliver, J. M. (1999). The hope construct, will and ways: Their relations with self-efficacy, optimism and general well-being. *Journal of Clinical Psychology, 55,* 539-551.

Marcia, J. E. (1988). Common processes underlying ego-identity, cognitive/moral development and individuation. In D. K. Lapsley and F. C. Power (Eds), *Self, Ego, Identity* (pp. 211-225). New York: Springer.

Margolese, S. K., Markiewicz, D., & Doyle, A. B. (2005). Attachment to parents, best friends, and romantic partner: Predicting different pathways to depression in adolescence. *Journal of Youth and Adolescence, 34,* 637-650.

Markiewicz, D., Lawford, H., Doyle, A. B., & Haggart, N. (2006). Developmental differences in adolescents' and young adults' use of mothers, fathers, best friends, and romantic partners to fulfill attachment needs. *Journal of Youth and Adolescence, 35,* 127-140.

Marta, E. (1997). Parent-adolescent interactions and psychosocial risk in adolescents: An analysis of communication, support and gender. *Journal of Adolescence, 20,* 473-487.

Masten, A. S. (2001). Ordinary magic: Resilience process in development. *American Psychologist, 56,* 227-238.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2,* 425-444.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53,* 205-220.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11,* 143-169.

Masten, A. S., & Powell, J. L. (2003). A resiliency framework for research, policy and practice. In S. S. Luthar (Ed.), *Resilience and Vulnerability: Adaptation in the context of childhood adversities* (pp. 1-25). New York: Cambridge University Press.

Maton, K. I. (1990). Meaningful involvement in instrumental activity and well-being: Studies of older adolescents and at risk urban teenagers. *American Journal of Community Psychology, 18, 297-320.*

Mayseless, O., & Scharf, M. (2007). Adolescents' attachment representations and their capacity for intimacy in close relationships. *Journal of Research on Adolescence, 17,* 23-50.

Meeus, W., Oosterwegel, A., & Vollebergh, W. (2002). Parental and peer attachment and identity development in adolescence. *Journal of Adolescence, 25,* 93-106.

Messner, S., Bjarnason, R., Raffalovich, L. E., & Robinson, B. K. (2006). Nonmarital fertility and the effectos of divorce rates on youth suicide rates. *Journal of Marriage & the Family, 68,* 1105-1111.

McFarlane, A. H., Bellissimo, A., & Norman, G. R. (1995). The role of family and peers in social self-efficacy: Links to depression in adolescence. *American Journal of Orthopsychiatry, 65,* 402-410.

McLean, P. D. & Miller, L. (2001). Treatment of suicidal clients and their families. In M. M. MacFarlane (Ed.), *Family therapy and mental health: Innovations in theory and practice*, (pp. 237-260). New York: Haworth Press.

Mikulincer, M. (1995). Attachment style and the mental representation of the self. *Journal of Personality and Social Psychology, 69,* 1203-1215.

Mikulincer, M., & Shaver, P. R. (2005). Attachment theory and emotions in close relationships: Exploring the attachment-related dynamics of emotional reactions to relational events. *Personal Relationships, 12,* 149-168.

Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). Attachment theory and affective regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and Emotion, 27,* 77-102.

Miller, A. L., Notaro, P. C., & Zimmerman, M. A. (2002). Stability and change in internal working models of friendship: Associations with multiple domains of urban adolescent functioning. *Journal of Social and Personal Relationships, 19,* 233-259.

Moller, N. P., Fouladi, R. T., McCarthy, C. J., & Hatch, K. D. (2003). Relationship of attachment and social support to college students' adjustment following a relationship breakup. *Journal of Counseling & Development, 81,* 354-369.

Morse, J. M. (1991). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative* *nursing research: A contemporary dialogue* (pp. 127-145). Rockville, MD: Aspen Publishers.

Motto, J. A., & Bostrom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services, 52*, 828-833.

Mounts, N. S. (2001). Young adolescents' perceptions of parental management or peer relationships. *Journal of Early Adolescence, 16,* 229-249.

Murray, S. L., Holmes, J. G., Griffin, D. W. (2000). Self-esteem and the quest for felt security: How perceived regard regulates attachment processes. *Journal of Personality and Social Psychology, 78,* 478-498.

Nada-Raja, S., McGee, R., & Stanton, W. R. (1992). Perceived attachments to parents and peers and psychological well-being in adolescence. *Journal of Youth and Adolescence, 21*, 471-485.

Neria, Y., Guttman-Steinmetz, S., Koenen, K., Levinovsky, L., Zakin, G., & Dekel, R. (2001). Do attachment and hardiness relate to each other and to mental health in real-life stress? *Journal of Social and Personal Relationships, 18,* 844-858.

Nickerson, A. B., & Nagle, R. J. (2004). The influence of parent and peer attachments on life satisfaction in middle childhood and early adolescence. *Social Indicators Research, 66*, 35-60.

Nickerson, A. B. & Nagle, R. J. (2005). Parent and peer attachment in late childhood and early adolescence. *Journal of Early Adolescence, 25,* 223-249.

Nielsen, A. M., & Hansson, K. (2007). Associations between adolescents' health, stress and sense of coherence. *Stress and Health: Journal of the International Society for the Investigation of Stress, 23,* 331-341.

Noom, M. J., Dekovic, M., & Meeus, W. H. J. (1999). Autonomy, attachment and psychosocial adjustment during adolescence: A double-edged sword? *Journal of Adolescence, 22*, 771-783.

O'Donnell, L., Stueve, A., Wardlaw, D. M., & O'Donnell, C. (2003). Adolescent suicidality and adult support: The reach for health study of urban youth. *American Journal of Health Behavior, 27*, 633-644.

Ohannessian, C. M., Lerner, R. M., Lerner, J. V., & von Eye, A. (1995). Discrepancies in adolescents' and parents' perceptions of family functioning and adolescent emotional adjustment. *Journal of Early Adolescence, 15*, 490-516.

Ohannessian, C. M., Lerner, R. M., Lerner, J. V., & von Eye, A. (1998). Perceived parental acceptance and early adolescent self competence. *American Journal of Orthopsychiatry, 68*, 621-629.

Orzolek-Kronner, C. (2002). The effect of attachment theory in the development of eating disorders: Can symptoms be proximity-seeking. *Child and Adolescent Social Work Journal, 19*, 421-435.

Overall, N. C., Fletcher, G. J. O., & Friesen, M. D. (2003). Mapping the intimate relationship mind: Comparisons between three models of attachment representation. *Personality and Social Psychology Bulletin, 29*, 1479-1493.

Overbeek, G., Vollebergh, W., Engels, R. C. M. E., & Meeus, W. (2003). Parental attachment and romantic relationships: Associations with emotional disturbance during late adolescence. *Journal of Counseling Psychology, 50*, 28-39.

Overholser, J., & Spirito, A. (2003). Working with suicidal teens: Integrating clinical practice and current research. In A. Spirito & J.C. Overholser (Eds.), *Evaluating and treating adolescent suicide attempters: From research to practice* (pp. 323-328). New York: Academic Press.

Palmer, C. J. (2001). African Americans, depression, and suicide risk. *Journal of Black Psychology, 27*, 100-111.

Papini, D. R., & Roggman, L. A. (1992). Adolescent perceived attachment to parents in relation to competence, depression, and anxiety: a longitudinal study. *Journal of Early Adolescence, 12*, 420-440.

Parker, G., Tupling, M., Brown, C. (1979). A parental bonding instrument.

British Journal of Medical Psychology, 52, 1-10.

Parker, J. S., & Benson, M. J. (2004). Parent-adolescent relations and Adolescent functioning: self-esteem, substance abuse, and delinquency. *Adolescence, 39,* 519-531.

Paterson, J., Pryor, J., & Field, J. (1995). Adolescent attachment to parents and friends in relation to aspects of self-esteem. *Journal of Youth and Adolescence, 24*, 365-376.

Paulson, B. L., & Everall, R. D. (2003). Suicidal adolescents: Helpful aspects of psychotherapy. *Archives of Suicide Research, 7*, 309-321.

Pelkonen, M., & Marttunen, M. (2003). Child and adolescent suicide: Epidemiology, Risk factors and approaches to prevention. *Pediatric Drugs, 5*, 243-265.

Pelling, C., & Arvay-Buchanan, M. (2004). Experiences of attachment injury in heterosexual couple relationships. *Canadian Journal of Counselling, 38,* 289-303.

Perkins, D. F., & Hartless, G. (2002). An ecological risk-factor examination of suicide ideation and behavior in adolescents. *Journal of Adolescent Research, 17*, 3-26.

Pescosolido, B. A., & Georgianna, S. (1989). Durkheim, suicide, and religion: Towards a network theory of suicide. *American Sociological Review, 54,* 33-48.

Pharris, M. D., Resnick, M. D., & Blum, R. W. (1997). Protecting against hopelessness and suicidality in sexually abused American Indian adolescents. *Journal of Adolescent Health, 21*, 400-406.

Piacentini, J. C., Rotheram-Borus, M. J., & Cantwell, C. (1995). Brief cognitive-behavioral family therapy for suicidal adolescents. In L. VandeCreek, S. Knapp, & T. Jackson (Eds.), *Innovations in clinical practice: A source book,* Vol. 14 (pp. 151-168). Sarasota, FL: Professional Resource Press.

Pierce, T., & Lydon, J. E. (2001). Global and specific relational models in the experience of social interactions. *Journal of Personality and Social Psychology, 80,* 613-631.

Pillay, A. L. (1987). Factors precipitating parasuicide among young South African Indians. *Psychological Reports, 61,* 545-546.

Pine, D. S. & Cohen, J. A. (2002). Trauma in children and adolescents: Risk and treatment of psychiatric Sequelae. *Biological Psychiatry, 51,* 519-531.

Pinkerton, J., & Dolan, P. (2007). Family support, social capital, resilience and adolescent coping. *Child and Family Social Work, 12,* 219-228.

Prenda, K. M., & Lachman, M. E. (2001). Planning for the future: A life management strategy for increasing control and life satisfaction in adulthood. *Psychology and Aging, 16,* 206-216.

Priel, B., & Shamai, D. (1995). Attachment style and perceived social support: Effects on affect regulation. *Personality and Individual Differences, 19,* 235-241.

Prinstein, M. J., Boergers, J., Spirito, A., Little, T. D., & Grapentine, W. L. (2000). Peer functioning, family dysfunction, and psychological symptoms in a risk factor model for adolescent inpatients' suicidal ideation severity. *Journal of Clinical Child Psychology, 29,* 392-405.

Pronovost, J., Cote, L., & Ross, C. (1993). Epidemiological study of suicidal behaviors among secondary school students. *Canada's Mental Health, 38,* 9-14.

Randell, B. P., Wang, W., Herting, J. R., & Eggert, L. L. (2006). Family factors predicting categories of suicide risk. *Journal of Child and Family Studies, 15,* 255-270.

Reich, W. A., & Siegel, H. I. (2002). Attachment, ego-identity development and exploratory interest in university students. *Asian Journal of Social Psychology, 5, 125-134.*

Rennie, D. L. (1992). Qualitative analysis of the client's experience of psychotherapy: The unfolding of reflexivity. In S. Toukmanian & D. Rennie (Eds.), *Psychotherapy process research: Paradigmatic and narrative approaches.* Newbury Park, CA: Sage.

Rennie, D.L. (1996). Fifteen years of doing qualitative research on psychotherapy. *British Journal of Guidance and Counselling, 24,* 317-327.

Rennie, D. L., Phillips, J. R., & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology. *Canadian Psychology, 29,* 139-150.

Resnick, M. D. (2000). Protective factors, resiliency, and healthy youth development. *Adolescent Medicine: State of the Art Reviews, 11,* 157-164.

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association, 278,* 823-832.

Rew, L., Thomas, N., Horner, S. D., Resnick, M. D., & Beuhring, T. (2001). Correlates of recent suicide attempts in a triethnic group of adolescents. *Journal of Nursing Scholarship, 33,* 361-367.

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58,* 307-321.

Richardson, G. E., Neiger, B. L., Jensen, S., & Kumpfer, K. L. (1990). The resiliency model. *Health Education, 21,* 33-39.

Rigby, K. & Slee, P. (1999). Suicidal ideation among adolescent school children, involvement in bully-victim problems, and perceived social support. *Suicide & Life Threatening Behavior, 29,* 119-130.

Roberts, R. E., Roberts, C. R., & Chen, Y. R. (1998). Suicidal thinking among adolescents with a history of attempted suicide. *Journal of the American Academy of Child and Adolescent Psychiatry, 37,* 1294-1300.

Roland, E. (2002). Bullying, depressive symptoms and suicidal thoughts. *Educational Research, 44,* 55-67.

Rogers, J. R. (2001). Theoretical grounding: The “missing link” in suicide research. *Journal of Counseling and Development, 79,* 16-25.

Rogers, J. R. & Soyka, K. M. (2004). “One size fits all”: An existential-constructivist perspective on the crisis intervention approach with suicidal individuals. *Journal of Contemporary Psychotherapy, 34, 7-22.*

Rosenblaum, A., Magura, S., Fong, C., Cleland, C., Norwood, C., Casella, D., Truell, J., Curry, P. (2005). Substance Use Among Young Adolescents in

HIV-Affected Families: Resiliency, Peer Deviance, and Family Functioning. *Substance Use & Misuse, 40,* 581-603.

Rosenstein, D. S., & Horowitz, H. A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology, 64,* 244-253.

Rothbard, J. C., & Shaver, P. R. (1994). Continuity of attachment across the life span. In M. B. Sperling & W. H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 31-71). New York: The Guilford Press.

Rowatt, W. C. & Kirkpatrick, L. A. (2002). Two dimensions of attachment to God and their relation to affect, religiosity and personality constructs. *Journal for the Scientific Study of Religion, 31,* 637-651.

Rubenstein, J. L., Halton, A., Kasten, L., Rubin, C., & Stechler, G. (1998). Suicidal behavior in adolescents: stress and protection in different family contexts. *American Journal of Orthopsychiatry, 68,* 274-284.

Rubenstein, J. L., Heeren, T., Housman, D., Rubin, C., & Stechler, G. (1989). Suicidal behavior in "normal" adolescents: Risk and protective factors. *American Journal of Orthopsychiatry, 59,* 59-71.

Runeson, B., Beskow, J., & Waern, M. (1996). The suicidal process in suicides among young people. *Acta Psychiatrica Scandinavica, 93,* 35-42.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Rutter, M. (2001). Psychosocial adversity: Risk, resilience and recovery. In J. M. Richman & M. W. Fraser (Eds.), *The context of youth violence: Resilience, risk, and protection* (pp. 13-41). Westport, CT: Praeger.

Ryan, R. M., & Deci, E. I. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologist, 55,* 68-78.

Sagi-Schwartz, A. (2003). Introduction to the special issue: Extreme life events and catastrophic experiences and the development of attachment across the life span. *Attachment & Human Development, 5,* 327-329.

Sandler, I., Kim-Bae, L., & MacKinnon, D. P. (2000). Coping and appraisal as mediators of the effects of locus of control beliefs on psychological symptoms of children of divorce. *Journal of Clinical Child Psychology, 29,* 336-347.

Sandler, I., Wolchik, S., Davis, C., Haine, R., & Ayers, T. (2003). Correlational and experimental study of resilience in children or divorce and parentally bereaved children. In S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 213-242). New York, NY: Cambridge University Press.

Scarf, M., Shulman, S., & Avigad-Spitz, L. (2005). Sibling relationships in emerging adulthood and adolescence. *Journal of Adolescent Research, 20,* 64-90.

Scharf, M., Mayseless, O., & Kivenson-Baron, I. (2004). Adolescents' attachment representations and developmental tasks in emerging adulthood. *Developmental Psychology, 40, 430-444.*

Seiffge-Krenke, I., & Beyers, W. (2005). Coping trajectories from adolescence to younger adulthood: Links to attachment state of mind. *Journal of Research on Adolescence, 15,* 561-582.

Seligman, M. E. P., Reivich, K., Jaycox, L., & Gillham, J. (1995). *The Optimistic Child.* Houghton Mifflin: New York.

Sequin, M., Lynch, J., Labelle, R., & Gagnon, A. (2004). Personal and family risk factors for adolescent suicidal ideation and attempts. *Archives of Suicide Research, 8,* 227-238.

Shaw, D. S., & Vondra, J. I. (1995). Chronic family adversity and infant attachment security. *Journal of Child Psychology and Psychiatry, 34,* 1205-1215.

Shaw, S. K., & Dallos, R. (2005). Attachment and adolescent depression: The impact of early attachment experiences. *Attachment & Human development, 7,* 409-424.

Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. *Journal of*

Personality and Social Psychology, 76, 482-497.

Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal attainment and personality integration. *Journal of Personality, 70,* 5-31.

Shneidman, E. S. (1987). A psychological approach to suicide. In G.R. Vandenbos, & B.K. Bryant (Eds.), *Cataclysms, Crises, and Catastrophes: Psychology in Action* (pp. 147-183) Washington: American Psychological Association.

Shneidman, E. S. (1993). Suicide as psychache. *Journal of Nervous and Mental* Disease, 181, 145-147.

Sibley, C. G., & Overall, N. C. (2007). The boundaries between attachment and personality: Associations across three levels of the attachment network. *Journal of Research in Personality, 41*, 960-967.

Sibley, C. G., & Overall, N. C. (2008). Modeling the hierarchical structure of attachment representations: A test of domain differentiation. *Personality and Individual Differences, 44,* 238-249.

Siegel, D. J. (1999). *The Developing Mind: How relationships and the brain interact to shape who we are.* New York: Guilford Press.

Sim, T. N., & Loh, B. S. M. (2003). Attachment to God: Measurement and dynamics. *Journal of Social and Personal Relationships, 20,* 373-389.

Simpson, J. A., Collins, W. A., Tran, S., & Haydon, K. C. (2007). Attachment and the experience of expression of emotions in romantic relationships: A developmental perspective. *Journal of Personality and Social Psychology, 92,* 355-367.

Smith, C., & Carlson, B. E. (1997). Stress, coping, and resilience in children and youth. *Social Service Review, 71,* 231-256.

Smokowski, P. R., Reynolds, A. J., & Bezruczko, N. (1999). Resilience and protective factors in adolescence: An autobiographical perspective from disadvantaged youth. *Journal of School Psychology, 37,* 425-448.

Snyder, C. R., Cheavens, J., & Sympson, S.C. (1997). Hope: An individual motive for social commerce. *Group Dynamics: Theory, Research and*

Practice, 1, 107-118.

Spirito, A. (1997). Family therapy techniques with adolescent suicide attempters. *Crisis: Journal of Crisis Intervention & Suicide, 18,* 106-109.

Spirito, A., Francis, G., Overholser, J., & Frank, N. (1996). Coping, depression, and adolescent suicide attempts. *Journal of Clinical Child Psychology, 25,* 147-155.

Spirito, A., Overholser, J., & Stark, L. J. (1989). Common problems and coping strategies II: Findings with adolescent suicide attempters. *Journal of Abnormal Child Psychology, 17,* 213-221.

Springer, A., Parcel, G., Baumler, E., & Ross, M. (2006). Supportive social relationship and adolescent health risk behavior among secondary school students in El Salvador. *Social Science & Medicine, 62,* 1628-1640.

Stack, S. (1992). Religiosity, depression, and suicide. In J. Schumaker (Ed.), *Religion and mental health* (pp. 87-97). New York: Oxford University Press.

Stack, S. (2000). Suicide: A 15-year review of the sociological literature: Part II. Modernization and social integration perspectives. *Suicide and Life Threatening Behavior, 30,* 163-176.

Svanberg, P. O. G. (1998). Attachment, resilience and prevention. *Journal of Mental Health, 7,* 543-578.

Swahn, M. H., & Potter, L. B. (2001). Factors associated with the medical severity of suicide attempts in youth and young adults. *Suicide and Life-Threatening Behavior, 32*(Supplement), 21-29.

Tarrier, N., Taylor, K., & Gooding, P. (2008). Cognitive-behavioral interventions to reduce suicide behavior: A systematic review and meta-analysis. *Behavior Modification, 32,* 77-108.

Thompson, R. A. (2000). The legacy of early attachments. *Child Development, 71,* 145-152.

Tidwell, M. O., Reis, H. T., & Shaver, P. R. (1996). Attachment, attractiveness, and social interaction: A diary study. *Journal of Personality and Social Psychology, 71,* 729-745.

Trinke, S. J., & Bartholomew, K. (1997). Hierarchies of attachment relationships in young adulthood. *Journal of Social and Personal Relationships, 14,* 603-625.

Tulloch, A. L., Blizzard, L., & Pinkus, Z. (1997). Adolescent-parent communication in self-harm. *Journal of Adolescent Health, 21,* 267-275.

Tusaie, K., Puskar, K., & Sereika, S. M. (2007). A predictive and moderating model of psychosocial resilience in adolescents. *Journal of Nursing Scholarship, 39,* 54-60.

Ungar, M., & Teram, E. (2000). Drifting toward mental health: High-risk adolescents and the process of empowerment. *Youth & Society, 32,* 228-252.

Updegraff, K., McHale, S., & Crouter, A. (2002). Adolescents' sibling relationship and friendship experiences: Developmental patterns and relationship linkages. *Social Development, 11,* 102-124.

Valle, M. F., Huebner, E. S., & Suldo, S. M. (2004). Further evaluation of the children's hope scale. *Journal of Psychoeducational Assessment, 22,* 320-337.

Valle, M. F., Huebner, E. S., & Suldo, S. M. (2006). An analysis of hope as a psychological strength. *Journal of School Psychology, 44, 393-406.*

van der Wal, M. F., de Wit, C. A., & Hirasing, R. A. (2003). Psychosocial health among young victims and offenders of direct and indirect bullying. *Pediatrics, 111,* 1312-1317.

van Herrigen, K. (2001). The suicidal process and related concepts. In K. van Herriger (Ed.) *Understanding suicidal behavior: The suicidal process approach to research, treatment and prevention.* (pp. 3-14). New York: John Wiley & Sons.

van Manen, M. (1990). *Researching lived experience: Human science for an active sensitive pedagogy.* London, Ontario: The Althouse Press.

Vincent, P. J., Boddana, P., & MacLeod, A.K. (2004). Positive life goals and plans in parasuicide. *Clinical Psychology and Psychotherapy, 11,* 90-99.

Violato, C., & Arato, J. (2004). Childhood attachment and adolescent suicide: A stepwise discriminate analysis in a case-comparison study. *Individual Differences Research, 2,* 162-168.

Wagner, B. M. (1997). Family risk factors for child and adolescent suicidal behavior. *Psychological Bulletin, 121*, 246-298.

Wagner, B. M., Cole, R. E., & Schwartzman, P. (1995). Psychosocial correlates of suicide attempts among junior and senior high school youth. *Suicide and Life-Threatening Behavior, 25,* 358-372.

Wagner, B. M., Silverman, M. A. C., & Martin, C. (2003). Family factors in youth suicidal behaviors. *American Behavioral Scientist, 46*, 1171-1191.

Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations, 51,* 130-137.

Werner, E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (pp. 115-132). Cambridge, UK: Cambridge University Press.

Werner, E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood.* Ithaca, NY: Cornell University Press.

Werner, E., & Smith, R. S. (2001). *Journeys from childhood to the midlife: Risk, resilience, and recovery.* New York: Cornell University Press.

Warren, S. L., Huston, L., Egeland, B., & Sroufe, L. A. (1997). Child and adolescent anxiety disorders and early attachment. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 637-644.

Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty year longitudinal study. *Child Development, 71*(5), 684-689.

Weinfield, N. S., Sroufe, L. A., & Egeland, B. (2000). Attachment from infancy to early adulthood in a high-risk sample: continuity, discontinuity and their correlates. *Child Development, 71*(3), 695-702.

Weinfield, N. S., Whaley, G. J. L., & Egeland, B. (2004). Continuity, discontinuity, and coherence in attachment from infancy to late adolescence: Sequelae of organization and disorganization. *Attachment & Human Development, 6,* 73-97.

West, M. L., Spreng, S. W., Rose, S. M., & Adam, K. S. (1999). Relationship between attachment-felt security and history of suicidal behaviours in clinical adolescents. *Canadian Journal of Psychiatry, 44*, 578-582.

Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. *Journal of Youth and Adolescence*, 33, 479-494.

Wright, J., Briggs, S., & Behringer, J. (2005). Attachments and the body in suicidal adolescents: A pilot study. *Clinical Child Psychopathology and Psychiatry, 10,* 477-491.

Wymann, P. A., Cowen, E. L., Work, W. C., Hoyt-Meyers, L., Magnus, K. B., & Fagen, D. B. (1999). Caregiving and developmental factors differentiating young at-risk urban children showing resilient versus stress-affected outcomes: A replication and extension. *Child Development, 70,* 645-659.

Yarcheski, A., Scoloveno, M. A., & Mahon, N. E. (1994). Social support and well-being in adolescents: The mediating role of hopefulness. *Nursing Research, 43,* 288-292.

Yeh, H., & Lempers, J. (2003). Perceived sibling relationships and adolescent development. *Journal of Youth and Adolescence, 33,* 133-147.

Zhang, J. & Jin, S. (1996). Determinants of suicide ideation: A comparison of Chinese and American college students. *Adolescence, 31,* 451-467.

Zimmerman, P. (2002). Stability of attachment representations during adolescence: The influence of ego-identity status. *Journal of Adolescence, 25,* 107-124.

Zimmerman, P. (2004). Attachment representations and characteristics of friendship relations during adolescence. *Journal of Experimental Child Psychology, 88*, 83-101.

Zimmerman, P., Maier, M. A., Winter, M., & Grossmann, K. E. (2001). Attachment and adolescents' emotion regulation during a joint problem-solving task with a friend. *International Journal of Behavioral Development, 25,* 331-343.

Zlotnick, C., Donaldson, D., Spirito, A., & Pearlstein, T. (1997). Affect regulation and suicide attempts in adolescent inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*, 793-798.

Appendix A

PURPOSE OF THE STUDY FOR ALBERTA PARTICIPANTS

Researcher: Katherine E. Bostik
Department of Educational Psychology
6-102 Education North
University of Alberta

The purpose of this study is to gather information about teenagers' understanding of overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful for counselling teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

You will be asked to discuss the experience of being suicidal and how you overcame it in an interview. This is a voluntary project and therefore you have the right to decline participation or withdraw your participation at any time, without penalty. Your name and identify will not be given out to anyone. The interview should take approximately 60 to 90 minutes and can be completed at a time that is convenient to you. Your confidentiality and privacy will be protected through the use of pseudonyms (false names) and alteration of any identifying information. If you experience discomfort as a result of discussing this topic, a list of counselling referrals will be made available to you.

This study is being completed as part of a doctoral degree under the supervision of Dr. Robin Everall, an associate professor in the Department of Educational Psychology at the University of Alberta. Should you have any questions, Dr. Everall can be contacted at (780) 492-1163 or by email at robin.everall@ualberta.ca

Appendix B

INFORMED CONSENT FOR ALBERTA PARTICIPANTS

Researcher: Katherine E. Bostik
Department of Educational Psychology
6-102 Education North
University of Alberta

The purpose of this study is to gather information about teenagers' understanding of overcoming their suicidal thoughts, feelings, and behaviors. It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful in helping teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

In an interview, you will be asked to discuss the experience of being suicidal and how you overcame these thoughts, feelings, and behaviors. This is a voluntary project. You have the right to withdraw your participation at any time, without penalty. Confidentiality and anonymity of all participants will be protected through the use of pseudonyms and alteration of any identifying information.

I have an understanding of:

i) the purpose and nature of the project,
ii) the expected benefits,
iii) the tasks involved,
iv) the inconveniences and risks,
v) the identity of those involved in the project,
vi) who will receive the information,
vii) how the information will be used,
viii) the right to give or withhold consent for participation,
ix) the right to withdraw at any time during the process,
x) how confidentiality will be maintained.

I give my informed consent to participate in the project.

Date ______________________ Name of Participant ______________________

Signature of Participant ______________________

Signature of Interviewer ______________________

Appendix C

INFORMED CONSENT FOR SASKATCHEWAN PARTICIPANTS

You are invited to participate in a study entitled *A Grounded Theory Investigation of Attachment in Suicidal Adolescents' Process of Healing.* Please read this form carefully, and feel free to ask questions you might have.

Researcher: Katherine E. Bostik, Department of Educational Psychology, University of Alberta

Purpose: The purpose of this study is to gather information about teenagers' understanding of overcoming their suicidal thoughts, feelings, and behaviors. In a one to two hour interview, you will be asked to discuss the experience of being suicidal and how you overcame these thoughts, feelings, and behaviors.

Potential Risks: There is a risk that you may experience some discomfort as a result of this interview. Personal questions about your experience of being suicidal and overcoming suicidal thoughts will be asked during the interview. Your may find some of these questions difficult or potentially upsetting. If you experience any discomfort during the interview, the interview will be stopped. Support services are available at the following numbers:

Help Lines
Suicide Crisis Line: 933-6200
Kids Help Phone: 1-800-668-6868

Counselling & Support Services
Catholic Family Services: 244-7773
EGADZ Youth Centre: 931-6644
Family Services Saskatoon: 244-0127
The Family Counselling Centre: 652-3121
U of S Student Counselling Services: 966-4920
Saskatoon Crisis Intervention Services: 933-6200

Potential Benefits: It is hoped that this information will increase our knowledge of what is helpful to teenagers. This information will be useful in helping teenagers who are experiencing suicidal thoughts, feelings, and behaviors.

Storage of Data: All data used in this study will be stored by the researcher in a locked cabinet for a period of five years. To protect the participants' anonymity, no audiotaped recordings of participants' interviews will be labeled with any identifying information. Following the transcription of the audiotaped recordings, all recordings will be destroyed.

Confidentiality: Confidentiality and anonymity of all participants will be protected through the use of pseudonyms and alteration of any identifying information. The data collected will be used to write the researchers doctoral dissertation. The data from this study may also be published and presented at conferences; however, your identity will be kept confidential. Although I may report direct quotations from the interview, you will be given a pseudonym, and all identifying information will be removed from the results.

Right to Withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort. You may stop the interview at anytime for any reason. At any point during or following the interview you may withdraw from the study and any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact the researchers at the numbers provided above if you have questions at a later time. If you would like, the researcher can contact you at the conclusion of this study and the results of this study can be made available to you. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EE REB at (780) 492-3751. This study has also been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 23, 2006. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306) 966-2084. Out of town participants may call collect.

Consent to Participate: I have read and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

(Name of Participant)	(Date)
(Signature of Participant)	(Signature of Researcher)

Appendix D

Demographic Information

Today's Date____________________
Name _________________________
Pseudonym_______________________
Date of Birth _____________________

Ethnicity: Asian Black Caucasian East Indian
First Nations Mixed Ethnicity Other ____________

Relationship Status: _____________________________

Present Living Situation:
a. I live with both of my parents
b. I live with my mom/dad (circle one)
c. I live in a foster home
d. I live on my own
e. I live with my boyfriend/girlfriend
f. I live with my spouse
g. Other ____________________

Highest Level of Education:
a. 8 years of schooling or less
b. junior high school graduate
c. partial high school training
d. high school diploma/GED
e. certificate in a trade/technology
f. partial college/university
g. college/university degree
h. graduate/professional education

If you are in school now, what grade or year are you in? _____________

Employment Status (if 18+):
Unemployed Employed F/T Employed P/T Self-Employed

Have you ever attempted suicide? Yes No

If yes, how many times?
____

By what means?
____
____
____

On a scale of 1 (lowest) to 10 (highest), where would you place your level of suicidal intent during the episode in which you considered yourself the most suicidal?

1 ____ 10

Appendix E

General Interview Guide

- If your experience with being suicidal is a story, tell me about your story.
- When did you first start to feel suicidal?
- What was going on in your life at that time?
- Did you ever attempt suicide? What happened?
- What was your relationship like with your mother/father at that time?
- Which parent did you feel closer to and why?
- Did you feel that your parents/friends were there for you to turn to if you needed them?
- What made it difficult to talk to your parents?
- How did your parents discipline you?
- How do you think your early relationship with your parent affected your adult personality?
- What was your relationship like you're your siblings/extended family?
- What was your relationship like with your peers/close friends?
- At that time you were suicidal, did you have a sense of belonging to any group?
- Did you feel that your friends were there for you to turn to if you needed them?
- What was your relationship like with other adults (ex. teachers, counsellors)?
- Are there any adults who you were close to, who acted like parents
- Who did you turn to when you needed help?
- How did you feel supported and cared for?
- How did you express your emotions when distressed?
- Who did you turn to for comfort?
- How did talking about your problems make you feel?
- What thoughts and feelings did you have about yourself?

- When you were upset as an adolescent, what did you do and what would happen?
- What was the process of becoming autonomous (an independent adult) like for you? Did you feel supported by your parents?
- How would you describe yourself as a suicidal person? How did you think others saw you?
- What has happened to make you not suicidal?
- What kept you from attempting suicide? Or attempting suicide again?
- What did you feel you had to live for?
- What sort of things in your life helped you get through and made life more bearable?
- What made life worth living?
- Was there anything that other people did that was helpful?
- What did you do to cope with/express your emotions?
- Did anything change in the way you saw yourself?
- How would you describe your outlook on life?
- At the time you were healing, was there anyone who you felt particularly attached to?
- What was gained from that connection?
- What do you think this person did that may have contributed to your change in feelings?
- What adjectives would you use to describe that relationship
- What did you think this person thought of you?
- Did you feel that your parents/friends were there for you to turn to if you needed them?
- What was your relationship like with your mother/father at that time?
- What was your relationship like you're your siblings/extended family?
- What was your relationship like with your peers/close friends?
- What was your relationship like with other adults (ex. teachers, counsellors)?
- What changes occurred in your relationship with your parents between childhood and adolescence?

- What, in terms of your relationships with people, is different now, than when you were suicidal?
- When did you feel most supported and cared for?
- What influence do you think your peer group had on your overcoming being suicidal?
- Did spirituality play any sort of role in this experience?
- What did you learn about yourself through your experience of being suicidal and overcoming it?
- Is there anything else that I need to know?

Appendix F
Summary of Themes

Core Category	Main Category	Sub-Main Category
Building Secure Attachments (10)	Establishing Relationships (10)	Improving Relationships with Family Members (8) Increasing Closeness with Parents (6) Improving Communication with Parents (4) Parents Mental Health Improved (2) Activity Involvement with Parents (4) Improving Relationships with Siblings (9) Developing Close Friendships (10) Finding a Peer Group (5) Romantic Relationships (4) Gaining Extra-Familial Close Connections (7) Extended Family Supports (2) Experiencing a Pet Connection (6) Finding a Spiritual Connection (7)
	Achieving Felt Security (10)	Feeling Connected (10) Feeling Loved (10) Feeling Cared For (10) Feeling Understood (8) Feeling Belonging (7) Feeling Comfortable (6) Feeling Supported (10) Feeling Accepted (9)
Opening Up (10)	Intimate Communication (10)	Improving Communication with Parents (4) Improving Communication with Peers (6) Intimate communication (9) Emotional Expression (8)
	Honest Self Expression (10)	Increasing self-expression (8) Honest self-expression (10)
	Turning to Others (10)	Learning to Trust (7) Relying on Others (8) Getting Professional Help (7)
	Seeking Out Interaction (10)	Taking the Initiative of Making Friendships (9) Increased Peer Interaction (8) Increased Extracurricular Involvement (8)

Core Category	Main Category	Sub-Main Category
Achieving Self Determination (10)	Finding Hope (10)	Increasing hopefulness (9) Possibility of Change (7) Significant Life Events (8)
	Feeling Empowered (10)	Sense of Personal Responsibility (7) Finding Strength (5) Becoming Empowered (8) Taking a Fresh Start (6) Increased Independence (6) Taking Action (8)
Developing Self-Understanding (10)	Gaining Positive Self-Regard (10)	Finding a Strength (9) Experiencing Success (8) Developing Confidence (8) Positive Self Regard (9) Growing from Past Experiences (5) Learning to Accept (10)
	Developing a Positive Outlook (10)	Thinking More Realistically (9) Positive Thinking (7) Increasing Optimism (7)
Creating a Life Worth Living (10)	Finding Joy in Life (10)	Living More Positively (9) Creating Joy (9) Increased Activity Involvement (8)
	Finding Meaning in Life (10)	Fulfilling Responsibilities (8) Creating a Purpose (10)
	Thinking of Others (9)	Helping Others (7) Thinking of Others (9)
	Taking Care of Myself (10)	Positive Coping Skills (10) Healthy Living (5)

Note: Enumeration indicates number of participants endorsing each category